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- and -

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KIRKLAND & ELLIS LLP
300 North LaSalle
Chicago, Illinois 60654
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Facsimile: (312) 862-2200

Counsel to the Debtors and Debtors in Possession

**UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK**

In re:) Chapter 11
THE GREAT ATLANTIC & PACIFIC TEA) Case No. 10-24549 (RDD)
COMPANY, INC., *et al.*)
Debtors.) Jointly Administered
)

**DEBTORS' REPLY TO OBJECTION OF EVELYN SCHWARTZ TO DEBTORS'
MOTION FOR AN ORDER EXTENDING THE AUTOMATIC STAY AND CLAIMS
RESOLUTION PROCEDURES TO CERTAIN RELATED NON-DEBTOR PARTIES**

The Great Atlantic & Pacific Tea Company, Inc. (“**A&P**”) and certain of its affiliates, as debtors and debtors in possession (collectively, the “**Debtors**”),¹ hereby submit this reply to the

¹ The Debtors in these chapter 11 cases, along with the last four digits of each Debtor's federal tax identification number, are: The Great Atlantic & Pacific Tea Company, Inc. (0974); 2008 Broadway, Inc. (0986); AAL Realty Corporation (3152); Adbrett Corporation (5661); Amsterdam Trucking Corporation (1165); APW Supermarket Corporation (7132); APW Supermarkets, Inc. (9509); Bergen Street Pathmark, Inc. (1604); Best Cellars DC Inc. (2895); Best Cellars Inc. (9550); Best Cellars Licensing Corp. (2896); Best Cellars Massachusetts, Inc. (8624); Best Cellars VA Inc. (1720); Bev, Ltd. (9046); Borman's Inc. (9761); Bridge Stuart,

Opposition of Personal Injury Claimant Evelyn Schwartz to Debtors' Motion Seeking to Extend Bankruptcy Stay to Her Case [Docket No. 3053] (the “*Schwartz Objection*”) and, in support of the *Debtors' Motion for an Order Extending the Automatic Stay and Claims Resolution Procedures to Certain Related Non-Debtor Parties* [Docket No. 3011] (the “*Stay Extension Motion*”),² and respectfully state as follows:

Reply

1. In connection with approving a comprehensive set of procedures to address the over 1,900 personal injury claims asserted against the Debtors, this Court specifically recognized that it may be necessary to extend the protections of the automatic stay to third parties who, if separately prosecuted for the personal injury claims, could ultimately bring an indemnification claim against the Debtors.³ Pursuant to the Stay Extension Motion, the Debtors requested authority to extend the automatic stay to landlord counterparties to leases the Debtors have or intend to assume who are defending personal injury suits for injuries that allegedly occurred at the Debtors’ store locations. In each instance, the landlord has formally claimed subrogation,

Inc. (8652); Clay-Park Realty Co., Inc. (0902); Compass Foods, Inc. (0653); East Brunswick Stuart, LLC (9149); Farmer Jack’s of Ohio, Inc. (5542); Food Basics, Inc.(1210); Gramatan Foodtown Corp. (5549); Grape Finds At DuPont, Inc. (9455); Grape Finds Licensing Corp. (7091); Greenlawn Land Development Corp. (7062); Hopelawn Property I, Inc. (6590); Kohl’s Food Stores, Inc. (2508); Kwik Save Inc. (8636); Lancaster Pike Stuart, LLC (9158); LBRO Realty, Inc. (1125); Lo-Lo Discount Stores, Inc. (8662); Mac Dade Boulevard Stuart, LLC (9155); McLean Avenue Plaza Corp. (5227); Milik Service Company, LLC (0668); Montvale Holdings, Inc. (6664); North Jersey Properties, Inc. VI (6586); Onpoint, Inc. (6589); Pathmark Stores, Inc. (9612); Plainbridge, LLC (5965); SEG Stores, Inc. (4940); Shopwell, Inc. (3304); Shopwell, Inc. (1281); Spring Lane Produce Corp. (5080); Super Fresh/Sav-A-Center, Inc. (0228); Super Fresh Food Markets, Inc. (2491); Super Market Service Corp. (5014); Super Plus Food Warehouse, Inc. (9532); Supermarkets Oil Company, Inc. (4367); The Food Emporium, Inc. (3242); The Old Wine Emporium of Westport, Inc. (0724); The South Dakota Great Atlantic & Pacific Tea Company, Inc (4647); Tradewell Foods of Conn., Inc. (5748); Upper Darby Stuart, LLC (9153); and Waldbaum, Inc. (8599). The location of the Debtors’ corporate headquarters is Two Paragon Drive, Montvale, New Jersey 07645.

² Capitalized terms used but not defined herein shall have the meanings set forth in the Stay Extension Motion.

³ See Transcript of October 20, 2011 Hearing, at 27:4-8 (“So to my mind, it’s the type of claim that really should be covered by the stay. And even if it’s not covered by the stay, it would be covered by an injunction because you’re—it’s the type of claim where you’re really looking to collect against the debtor”).

contribution, or indemnification from the Debtors, or is expected to imminently do so. And in most cases, the personal injury claimant has also filed a claim against the Debtors in these cases.

2. Evelyn Schwartz—the only personal injury claimant to file an objection to the Stay Extension Motion—argues, among other things, that the extension of the automatic stay is not appropriate in her case because the landlord of the property at which her injury allegedly occurred, Brooklyn Grocery Owners, LLC (“*Brooklyn Grocery*”), was solely responsible for maintaining and repairing the allegedly defective sidewalk that caused her injury and therefore, the Debtors could not be found liable to her or Brooklyn Grocery under a theory of indemnification.⁴ But Ms. Schwartz has filed a \$2 million claim against the Debtors—despite her protests that the Debtors had no duty to maintain the sidewalk where her injury occurred. And while the Debtors agree with Ms. Schwartz that they should not be required to indemnify Brooklyn Grocery for damages arising from Brooklyn Grocery’s own negligence, Brooklyn Grocery has nonetheless demanded that the Debtors indemnify it for any costs incurred in litigation with Ms. Schwartz.⁵

3. For obvious reasons, the Debtors cannot leave the estates exposed to potentially duplicative liability for an injury that they had nothing to do with and allow litigation to proceed without their involvement given the claims that have been asserted against them. If the litigation were allowed to proceed without the participation of the Debtors and without a full waiver of recovery from the Debtors’ estates by Ms. Schwartz, the Debtors could be materially prejudiced and potentially be exposed to a substantial amount of unnecessary expense.

⁴ As noted in the Schwartz Objection, New York State Law prohibits a lessor from contracting with a lessee to require the lessee to indemnify the lessor for an accident caused by the lessor’s own negligence. The lease of the Brooklyn, New York store location at which Ms. Schwartz’s injury allegedly occurred also provides that the Debtors are not required to indemnify Brooklyn Grocery from any damages caused by its own negligence.

⁵ Claim Number 5071 filed by Ms. Schwartz is attached hereto as Exhibit A.

4. However, the Debtors are amenable to allowing Ms. Schwartz to proceed with her suit against Brooklyn Grocery with a waiver of any and all of her alleged claims against the estates, including any recovery by which the Debtors would be required to indemnify, hold harmless, or provide contribution to Brooklyn Grocery. If Ms. Schwartz's assertions that the Debtors have no obligation to indemnify Brooklyn Grocery prove true, she will not be prejudiced by agreeing to such waiver. A modified order approving the Stay Extension Motion accounting for this comprise is attached hereto as **Exhibit B**. A blackline of the modified order against the order filed with the Stay Extension Motion is attached hereto as **Exhibit C**.

5. Therefore, the Debtors request that the Court overrule Ms. Schwartz's objection, or, in the alternative, resolve it by entering the modified order attached hereto as **Exhibit B**.

New York, New York
Dated: December 21, 2011

/s/ Ray C. Schrock
James H.M. Sprayregen, P.C.
Paul M. Basta
Ray C. Schrock
KIRKLAND & ELLIS LLP
601 Lexington Avenue
New York, New York 10022
Telephone: (212) 446-4800
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Facsimile: (312) 862-2200

Counsel to the Debtors and Debtors in Possession

EXHIBIT A

B10/The Great Atlantic & Pacific Tea Co. (Modified Official Form 10) (1/11)

UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK		PROOF OF CLAIM
<p style="text-align: center;">Indicate Debtor against which you assert a claim by filling in the box below. Indicate only one Debtor per claim form. See Exhibit A for a list of Debtor Names and Case Numbers.</p>		
Debtor Name: <i>Food Basics Inc.</i>		Case Number: <i>10-24568</i>
<small>NOTE: This form should not be used to make a claim for an administrative expense (other than a claim asserted under 11 U.S.C. § 503(b)(9)) arising after the commencement of the case. A "request" for payment of an administrative expense (other than a claim asserted under 11 U.S.C. § 503(b)(9)) may be filed pursuant to 11 U.S.C. § 503.</small>		
Name of Creditor (the person or other entity to whom the debtor owes money or property): <i>Evelyn Schwartz</i>		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.
Name and address where notices should be sent: <i>Law Office of Sneiri Benmorts 325 Broadway Suite 400 NY, NY 10007</i>	Name and address where payment should be sent (if different from above): <i>Same</i>	Court Claim Number: <i>(if known)</i> Filed on:
IMPORTANT: Please list the store number and address of any lease related to your claim (if applicable).		
Store Number:	Store Address: <i>2185 Coyle Street Bronx NY</i>	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check this box if you are the debtor or trustee in this case.
1. Amount of Claim as of Date Case Filed: \$ <i>2,000,000</i>		
If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4. If all or part of your claim is entitled to priority, complete item 5.		
<input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or charges.		
2. Basis for Claim: <i>Personal injury</i> (See instruction #2 on reverse side.)	3. Last four digits of any number by which creditor identifies debtor: <i>4113</i> 3a. Debtor may have scheduled account as: <i>4119</i> (See instruction #3a on reverse side.)	
4. Secured Claim (See instruction #4 on reverse side.). Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.		
Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe:	Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$ _____	
Value of Property: \$ _____	Basis for Perfection: _____	
Annual Interest Rate: _____ %	Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____	
5. Amount of claim Entitled to Priority under 11 U.S.C. §§ 507(a) and 503(b)(9). If any portion of your claim falls in one of the following categories, check the box and state the amount.		
<input type="checkbox"/> Taxes or penalties owed to governmental units -- 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other -- Specify applicable paragraph of 11 U.S.C. § 507(a) _____.		
Amount entitled to priority: \$ _____		
Specify the priority of the claim.		
<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). <input type="checkbox"/> Wages, salaries, or commission (up to \$11,725*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier -- 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Contributions to an employee benefit plan -- 11 U.S.C. § 507(a)(5). <input type="checkbox"/> Up to \$2,600* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use -- 11 U.S.C. § 507(a)(7).		
<small>* Amounts are subject to adjustment on 4/1/13 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small>		
Section 503(b)(9) Claim \$ _____		
<input type="checkbox"/> Check this box if your claim is for the value of any goods received by the debtor within 20 days before the date of commencement of the case in which the goods have been sold to the debtor in the ordinary course of the debtor's business -- 11 U.S.C. § 503(b)(9). Include the amount of such claim in the space for "Amount entitled to priority."		
6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.		
7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See instruction 7 and definition of "redacted" on reverse side.)		
DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENT MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain.		
Date: <i>6-13-11</i>	Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any. <i>Evelyn Schwartz</i>	FOR COURT USE ONLY <i>JUN 14 2011</i>
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 1531.		
KURTZMAN CARSON CONSULTANTS		



Sherri Benmorits, Esq.

Attorney At Law
325 Broadway
Suite 402
New York, New York 10007
(212) 267-5399
Fax (212) 267-5813

June 13, 2011

The Great Atlantic & Pacific Tea
Company Claims Processing Center
C/O Kurtzman Carson Consultants LLC
2335 Alaska Avenue
El Segundo, CA 90245

Re: Schwartz v Brooklyn Grocery Owners LLC, and Food
Basics Inc.
Index No.: 32594/2009
Case No.: 10-24568

Dear Sir or Madam:

Please be advised that we represent Mrs. Evelyn Schwartz against Food Basics Inc. Enclosed
Please find the following:

- 1) Notice of Claim
- 2) Summons and Verified Complaint
- 3) Verified Bill of Particulars
- 4) Initial hospital record

Your timely cooperation on this matter is greatly appreciated.

Very truly yours,


Sherri Benmorits, Esq.

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF KINGS

EVELYN SCHWARTZ,

X

Plaintiff,
-against-

SUMMONS

BROOKLYN GROCERY OWNERS LLC. AND FOOD
BASICS INC.

Index No.:

Defendants.

Filed:

TO THE ABOVE NAME DEFENDANT(S):

YOUR ARE HEREBY SUMMONED to appear in this action by serving a notice of appearance or an answer on plaintiff's attorneys within 20 days after service of this summons, exclusive of the day of service or within 30 days after service is complete, if this summons is not personally delivered to you within the State of New York. In case of your failure to answer, Judgment will be taken against you by default for the relief demanded in the Complaint.

The basis of venue designated is Plaintiff's place of residence.

Plaintiff resides at 2170 Brigham Street Apt. 4A, Brooklyn, NY 11229

Dated: New York, New York
December 10, 2009

Yours, etc.,
LAW OFFICE OF SHERRI BENMORITS

BY: _____

Attorney for Plaintiff
EVELYN SCHWARTZ
325 Broadway, Suite 402
New York, New York 10007
(212) 267-5399

DEFENDANT'S ADDRESS:

BROOKLYN GROCERY OWNERS LLC.
8124 Westchester Drive, 9th Floor
Dallas, TX 75225
VIA Secretary of State

FOOD BASICS INC.
2 Paragon Drive
Montivale, NJ 07645
VIA Secretary of State

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF KINGS

-----X

EVELYN SCHWARTZ,

Plaintiff,

Verified Complaint

-against-

BROOKLYN GROCERY OWNERS LLC. AND FOOD
BASICS INC.

Defendants.

-----X

Plaintiff, by her attorney, SHERRI BENMORITS ESQ., as and for her verified complaint alleges at all times hereinafter mentioned upon information and belief that on or about the 31st day of August, 2009:

1. Plaintiff EVELYN SCHWARTZ is a resident of the State of New York, County of Kings.
2. Defendant BROOKLYN GROCERY OWNERS, LLC. was a limited liability company authorized to do business within the state of New York.
3. Defendant BROOKLYN GROCERY OWNERS LLC. was the owner of the property known as 2185 Coyle Street, Brooklyn New York ("the premise").
4. Said property was alternatively known as 3045 Avenue V, Brooklyn New York
5. Pursuant to the Administrative Code, Section 7-210, it was the responsibility of the owner of the aforementioned property to reasonably and property maintain the sidewalk adjacent to the aforementioned property in a condition of reasonable safety.
6. On August 31, 2009, Plaintiff Evelyn Schwartz was a pedestrian on the sidewalk adjacent to the aforementioned property.
7. At the aforementioned time and place plaintiff was caused to trip and fall.
8. The aforementioned was occasioned by reason of the negligence of BROOKLYN GROCERY OWNERS LLC. in the ownership, operation, maintenance and

control of the said premises and adjacent sidewalk in that the sidewalk was unlevel, uneven, raised, cracked, broken and was otherwise in a dangerous and defective condition.

9. As a result of the aforementioned, plaintiff was caused to sustain pain and suffering, serious and permanent personal injuries, hospital and medical expenses, and incidental and consequential damages in an amount which exceeds the jurisdictional level of all lower courts.

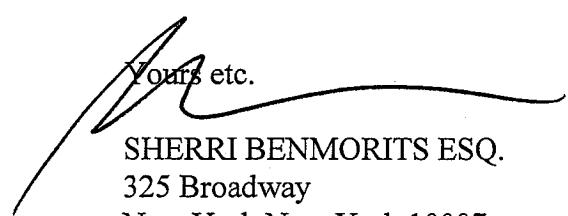
AS AND FOR A SECOND CAUSE OF ACTION

10. Plaintiff repeats, realleges and reiterates each and every allegation of the complaint numbered 1 through 9 with the same force and effect as though each allegation were more fully set forth.
11. Defendant, FOOD BASICS INC. was a corporation organized and existing under the by virtue of the Laws of the State of New York.
12. Defendant, FOOD BASICS INC. was a foreign corporation authorized to do business in the State of New York.
13. Defendant, FOOD BASICS INC. entered in an agreement with Defendant BROOKLYN GROCERY OWNERS LLC., concerning the property at 2185 Coyle Street, Brooklyn New York.
14. Defendant, FOOD BASICS INC. operated a supermarket at 2185 Coyle Street, Brooklyn New York.
15. It was the responsibility of Defendant, FOOD BASICS INC., as a tenant to reasonably and properly maintain the sidewalk adjacent to the aforementioned property in a condition of reasonable safety.
16. Due to the negligence of Defendant, FOOD BASICS INC. a dangerous and defective condition was caused, created, and allowed to exist on the sidewalk at the aforementioned location.
17. As a result of the aforementioned, plaintiff was caused to sustain serious and permanent personal injuries, pain and suffering, incidental and consequential damages, including hospital and medical expenses.

18. As a result of the negligence of FOOD BASICS INC., plaintiff has sustained damages in such amount which exceeds the jurisdictional limits of all lower courts that would otherwise have jurisdiction.

WHEREFORE, Plaintiff demands judgment against the defendants on behalf of the first cause of action and second cause of action in an amount to be fixed by the court. Such amount exceeds the jurisdictional limits of all lower courts which would otherwise have jurisdiction.

Dated: New York, New York
December 7, 2009



Yours etc.
SHERRI BENMORITS ESQ.
325 Broadway
New York New York 10007
(212) 267-5399

VERIFICATION

STATE OF NEW YORK)
) ss.:
COUNTY OF NEW YORK)

SHERRI BENMORITS, ESQ., an attorney duly admitted to practice in the State of New York, affirms the following under the penalties of perjury.

That I am the attorney for the plaintiff herein.

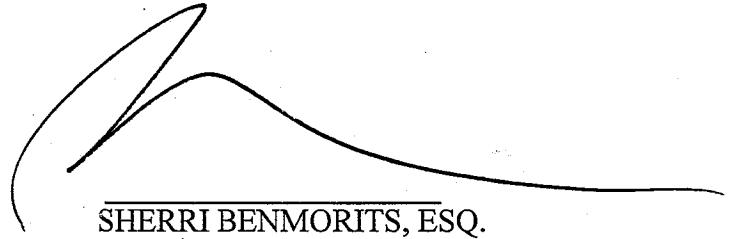
That the foregoing complaint is true to the knowledge of affirmant, except as to those matters therein stated to be alleged upon information and belief, and that as to those

matters, I believe them to be true.

The grounds as to matters stated upon information and belief are the results of investigation and information and received while acting as an attorney.

Affirmant further states that the reason this verification is made by affirmant and not by plaintiff(s) is that plaintiff is not within the County of New York, where affirmant maintains his office.

Dated: New York, New York
December 10, 2009



SHERRI BENMORITS, ESQ.

SUPREME COURT OF THE CITY OF NEW YORK
COUNTY OF KINGS

Index No.:

EVELYN SCHWARTZ,
Plaintiff,

-against-

BROOKLYN GROCERY OWNERS LLC., and FOOD BASICS INC.,
Defendants.

SUMMONS AND VERIFIED COMPLAINT

SHERRI BENMORITS, ESQ.
325 Broadway Suite 402
New York, New York 10007
(212) 267-5399

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF KINGS

-----X

EVELYN SCHWARTZ,

Index no.: 32594\09

Plaintiff,

**VERIFIED BILL OF
PARTICULARS**

-against-

BROOKLYN GROCERY OWNERS LLC. AND FOOD
BASICS INC.

Defendants.

-----X

Plaintiff, EVELYN SCHWARTZ, by her attorney, SHERRI BENMORITS, as and for her Verified Bill of Particulars, alleges as follows:

1. Plaintiff's date of birth is 2/8/30, her social security number is 103-22-6498 and her present address is 2170 Brigham Street apt 4a Brooklyn New York 11229.

2 & 4. The accident occurred on 8/31/09. The accident occurred on the sidewalk adjacent to the back of the supermarket known as Food Basics which has the address 2185 Coyle Street Brooklyn New York. This accident occurred on Bragg Street between Avenue U and Avenue V. (see photographs attached hereto)

3. Defendants FOOD BASIC INC. AND BROOKLYN GROCERY OWNERS LLC.'S negligence consisted of the negligent ownership, operation, maintenance and control of the aforementioned sidewalk area at the aforementioned location, in that same was in a dangerous and defective condition, was improperly maintained, was worn and torn and contained a raised and unlevel and, uneven portion of concrete, and said sidewalk was

cracked broken and was otherwise defective and constituted a hazard, menace, trap and nuisance; in failing to make timely, adequate, immediate, reasonable and proper repairs; in failing to remedy the dangerous and defective conditions which existed at the time and place of the occurrence; in failing to warn the plaintiff of the dangerous and defective conditions existing at the time and place of the occurrence; in failing to take those measures which were reasonably necessary and appropriate to avoid the happening of the within occurrence; in retaining a hazard, trap, menace and nuisance.

5. Plaintiff was caused to trip and fall due to the above described defective condition of said sidewalk.

6 & 7. Actual notice is claimed by reason of the fact that defendants through their agents, servants and/or employees had reason to pass in and about the area of the occurrence.

Constructive notice is claimed by reason of the fact that said condition existed for a long and unreasonable period of time prior to the occurrence herein, of at least 3 months prior to the occurrence.

8 & 9. As a result of this accident, Plaintiff EVELYN SCHWARTZ sustained the following injuries:

- RIGHT TRANSVERSE INTRA ARTICULAR FRACTURE THROUGH THE OLECRANON PROCESS REQUIRING OPEN REDUCTION INTERNAL FIXATION TO RIGHT ELBOW
- RADIAL HEAD ARTHROPLASTY SURGERY
- FRACTURE DISPLACEMENT OF THE RIGHT POSTERIOR HALF OF RADIAL HEAD

- DISPLACED RIGHT RADIUS AND URNA ANTERIORLY REQUIRING USE OF SPLINT AND SLING TO RIGHT ARM
- RADIAL NERVE INJURY
- SEVERE SWELLING TO RIGHT ELBOW, DISTAL HUMERAL REGION
RIGHT HAND AND ARM AND SHOULDER
- DIMINISHED AND SEVERELY WEAKENED EXTENSION OF RIGHT WRIST AND DIGITS, INCLUDING THE THUMB, RING FINGER, PINKY AND PALM DUE TO TRAUMA TO RADIAL NERVE IN THE VICINITY OF THE RADIAL NECK
- SEVERE STIFFNESS AND PAIN TO RIGHT ELBOW AND ARM
- SEVERE WEAKNESS WITH SEVERE LIMITATIONS OF RANGE OF MOTION AND MOVEMENT OF RIGHT ELBOW, ARM, HAND, FINGERS AND SHOULDER

- the aforementioned injuries include surrounding and connecting tissues, nerves, tendons, blood vessels, ligaments and other structures. All of the aforementioned injuries are permanent.

10. Not applicable.

11 & 12. Plaintiff received medical treatment at the following facilities: a) Beth Israel Medical Center Kings Highway Division 3201 Kings Highway Brooklyn New York 11234
b) Hamilton Medical Services located at 9020 Fifth Avenue Brooklyn New York 11209 c)
South Florida Hand and Orthopaedic Center Kenneth J. Garrod 1905 Clint Moore Raod suite 105 Boca Raton Florida 33496

13 & 14.. Plaintiff was confined to bed for approximately 4 weeks following the accident.

To date, Plaintiff is confined to home except to receive medical necessities.

15. Plaintiff to date is partially disabled. Plaintiff was totally disabled for approximately 3 months following this accident.

16. Plaintiff was not employed on the date of this accident.

17. Special damages as follows:

A) Physicians — approximately \$12,500

B) hospital expense- approximately \$30000

C) Other Medical expenses- approximately \$1000

D) Loss of earnings- not applicable

18. New York City Building Code, Section 27-127 and 27-128 and Multiple Dwelling law section 78.

Dated: New York New York
March 18, 2010



SHERRI BENMORITSESQ.
Attorney for Plaintiff
EVELYN SCHWARTZ
325 Broadway suite 402
New York New York 10007

TO:
BOEGGEMAN GEORGE & CORDE PC
1 Water Street suite 425
White Plains New York 10601

VERIFICATION

STATE OF NEW YORK)
) ss.:
COUNTY OF NEW YORK)

SHERRI BENMORITS, ESQ., an attorney duly admitted to practice in the State of New York, affirms the following under the penalties of perjury.

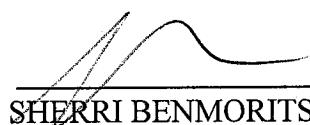
That I am the attorney for the plaintiff herein.

That the foregoing bill of particulars is true to the knowledge of affirmant, except as to those matters therein stated to be alleged upon information and belief, and that as to those matters, I believe them to be true.

The grounds as to matters stated upon information and belief are the results of investigation and information and received while acting as an attorney.

Affirmant further states that the reason this verification is made by affirmant and not by plaintiff(s) is that plaintiff is not within the County of New York, where affirmant maintains his office.

Dated: New York, New York
March 18, 2010



SHERRI BENMORITS, ESQ.

AFFIDAVIT OF SERVICE

STATE OF NEW YORK, COUNTY OF NEW YORK ss.:

Marilyn Hernandez being duly sworn, deposes and says:

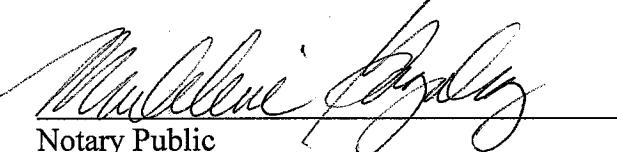
I am over 18 years of age, I am not a party to the action, and I reside in Queens County in the State of New York.

I served a true copy of the annexed, VERIFIED BILL OF PARTICULARS, COMBINED DEMAND TO DEFENDANTS, NOTICE OF DEPOSITION, AND PLAINTIFF'S DEMAND FOR A VERIFIED BILL OF PARTICULARS, on March 23, 2010 by certified mailing the same in a sealed envelope, with postage prepaid thereon, in a post office or official depository of the U.S. Postal Service within the State of New York, addressed to the last known address of the addressee as indicated below:

Boeggeman George & Corde PC
1 Water Street Suite 425
White Plains, NY 10601


Marilyn Hernandez

Sworn to before me March 23, 2010


Notary Public

MADELINE GONZALEZ
Notary Public, State of New York
No: 01GO6197609
Term Expires: December 01, 2012

**Beth Israel Medical Center- Kings Highway Division - Brooklyn,
NY 11234**

Patient: EVELYN SCHWARTZ
 MR #: 500000445948
 DOS: 8/31/2009 15:24
 Private Phys: PCP_None

DOB: 2/8/1930
 Age/Gender: 79y F
 Acct #: 800221079
 ED Phys: Cynthia Moise, NP

DATE 1849	-73764012	
<p>NARRATIVE</p> <p>Medications: CANTHEDO-051 AMARIL 15 MG, ACTIGE 15 MG ASA.</p> <p>LOCATION - P. STATES SEATED OVER THE S. DEWAKE. PT DENIES LOC. PT PE RECENT WAS 25 Q3. PT IS CLEAR & BILAT NEG-RESPIR. DISTRESS. NEG BLEEDING. NEG DEFECTS. SWELLING. PT TO TRSP AS DOC WITHOUT INCIDENT ACCOMPANIED BY SON</p>		
<p>Comments:</p> <p>Have the patient's symptoms improved? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> or gotten worse in the last 72 hours? <input type="checkbox"/></p>		
<p>Chief Complaint: "MY ARM HURTS" ST. PT.</p> <p>Presumptive Diagnosis: MUSCULOSKELETAL PN & FALL</p>		
<p>Continuation Form <input type="checkbox"/></p>		

Time of Contact	OLMC Physician	Reason for Contact	OLMC Terminate Time	ED Chart Number
		<input type="checkbox"/> RMA <input type="checkbox"/> Consult <input type="checkbox"/> Orders <input type="checkbox"/> Trauma/Triage		
L C M	C. S. Administered By: Signature	Witness Signature / Title	Amount Worked	Visits Used OLMC Physician IJRN
PAYER	Insurance Company Name			
IN	Policy Number			
INSURANCE RELATED INFORMATION	Medicare	Medicaid #		Work related? <input type="checkbox"/>

(1) **PATIENT INFORMATION DISCLOSURE AND ASSIGNMENT OF CLAIM:** I acknowledge that I have been given the Notice of Privacy Practices and Patient Information Review/Assignment of Claim, set forth in the Patient Copy of this Prehospital Care Report and have read or been informed of its contents, including the purposes for which my protected health care information will be shared, and my responsibility for any charges for services not covered by my insurance. I found to be medically unnecessary, I hereby authorize, for myself or my dependents(s), the release of medical and other information for the purposes specified, including treatment and billing. I further authorize and assign payment of Medicare and any other authorized benefits to the NYC Fire Department.

Patient Unable to Sign Patient Refused to Sign
 (Reason Documented)

Information Release Patient / Auth. Rep. Signature

(2) **OUT OF AREA TRANSPORT / DIVERSION:** I request to be transported to a hospital that is more than 10 minutes from the closest hospital/hospital, or that is on diversion status. I have been advised and understand that my transport may be delayed in my care that may impair my health or result in death.

Patient Unable to Sign Patient Refused to Sign

Out of Area Transport Patient Signature

(3) **RELEASE/REFUSAL OF MEDICAL ASSISTANCE (RMA):** I have been advised and I understand that I require medical assistance, and will be transported to a hospital of my choice. And that my refusal to accept such medical assistance may impair my health or result in death, but I nonetheless refuse to accept the medical assistance. I agree to assume all risks, consequences and costs of my decision not to accept such care, and I release the provider of ambulance service, and its employees, agents and independent contractors, from any liability arising from my decision.

Pre-hospital care refused: Transportation to hospital refused

Patient Unable to Sign

Patient Refused to Sign

Patient Witness Name / Signature

Beth Israel Medical Center- Kings Highway Division - Brooklyn, NY 11234

Patient: EVELYN SCHWARTZ
 MR #: 500000445948
 DOS: 8/31/2009 15:24
 Private Phys: PCP _None

DOB: 2/8/1930
 Age/Gender: 79y F
 Acct #: 800221079
 ED Phys: Cynthia Moise, NP

BETH ISRAEL MEDICAL CENTER

Department of Emergency Medicine

EMERGENCY DEPARTMENT REGISTRATION

I.D. VISIT NUMBER		MEDICAL RECORD NUMBER		LANGUAGE			
800221079		500000445948		IN		751	
NAME (LAST, FIRST, MI)		SEX	AGE	BIRTH DATE	REG. DATE	TRIAGE TIME	REG. TIME
SCHWARTZ, EVELYN		F	79	02/08/30	08/31/09	03:26P	03:26P
PATIENT'S ADDRESS (STREET, APT., CITY)		STATE		ZIP CODE		COUNTY	
15461 PEMBRIDGE DR 1		DELRAY BEACH		FL		33484	
PATIENT'S PHONE		REFERRED SOURCE	PRIMARY PROVIDER		PHONE NO.	DRMC EMPL	FINAN. CLASS
718-332-0625		S				N	PTB
LOCATION	APPLD	MODE	ACCR NO.	ACCIDENT	NYPD NOTIC. DP. NO.	NYPD SHIELD NO.	NYPD PCT
HED	27U	NYFD		A			NOF
EMPLOYER		PATIENT'S OCCUPATION		PATIENT'S SOC. SEC. #		PATIENT'S BUSINESS PHONE	
				103-22-6498		561-498-8306	
EMPLOYER'S ADDRESS (STREET, APT., CITY)				STATE		ZIP CODE	
NEXT OF KIN NAME:		RELATION		NEXT OF KIN PHONE NO.		NEXT OF KIN BUSINESS PHONE	
BERNARD SCHWARTZ		SPD					
NEXT OF KIN ADDRESS (STREET, APT., CITY)				STATE		ZIP CODE	
RESPONSIBLE PARTY'S NAME		RESPONSIBLE PARTY'S SOC. SEC. #		RESPONSIBLE PARTY'S PHONE			
SCHWARTZ, EVELYN		103-22-6498		718-332-0625			
RESPONSIBLE PARTY'S ADDRESS (STREET, APT., CITY)		STATE		ZIP CODE		08/31/09 02:15P	
15461 PEMBRIDGE DR 102		DELRAY BEACH		FL		33484	
INSURANCE CARRIER		POLICY/GROUP NUMBER		NAME OF INSURED		RELATION	
MEDICARE		10322649BA		EVELYN SCHWARTZ		SELF	
GHI PRO		930482113		EVELYN SCHWARTZ		SELF	
SELF PAY				EVELYN SCHWARTZ		SELF	
PATIENT'S PRESENTING COMPLAINT							
FELL INJ ELBOW							

CONSENT FOR EXAMINATION AND TREATMENT

Age at last birthday

I, the undersigned, hereby authorize and request Beth Israel Medical Center to provide such medical care and to administer such diagnostic, radiological and/or therapeutic procedures and treatments including but not limited to the administration of pharmaceutical products, infusion or transfusion of blood or blood components, injection, and intravenous medication or other therapeutic solutions as in the judgement of the physicians treating the patient named on this page, may be deemed necessary or advisable.

Signature

Relationship to patient

Witness

Bill of Rights given Yes

Health care proxy given Yes

A patient under the age of 16 is emancipated and may sign consent for treatment if at least one of the following conditions has been met: (Circle any which apply)

1. The patient is legally married.
2. The patient is or has been a parent.
3. The patient is seeking treatment for venereal disease.
4. The patient is self supporting and does not reside with parents.

Admit

Transfer

Discharge

Clerical Notes:

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize and direct Beth Israel Medical Center and Medical Staff, having treated me, to release to governmental agencies, insurance carriers, or others who are financially liable for my hospitalization and medical care, all information needed to substantiate payment for such hospitalization and medical care and permit representative thereof to examine and make copies of all records related to such care and treatment. A photostatic copy of this authorization shall be considered as effective and valid as the original.

ASSIGNMENT OF BENEFIT

I also hereby assign, transfer, and set over to the Beth Israel Medical Center & BIMC Emergency Medicine sufficient monies and/or benefits to which I may be entitled from governmental agencies, insurance carriers, or others who are financially liable for my hospitalization and medical care to cover the costs of the care and treatment rendered to myself or my dependant in this hospital. I understand that I am financially responsible for the charges not covered by my insurance. A photostatic copy of this authorization shall be considered as effective and valid as the original.

PATIENT ENTITLED TO MEDICARE BENEFITS

I certify that the information given by me in applying for payment under the title XVIII of Social Security Act is correct.

Patient/Relative or Guardian

(SIGNATURE) _____ (PRINT NAME) _____

Relationship (if signed by person other than patient) _____

(If required) Interpreter: (SIGNATURE) _____ (PRINT NAME) _____

**Beth Israel Medical Center- Kings Highway Division - Brooklyn,
NY 11234**

Patient:	EVELYN SCHWARTZ	DOB:	2/8/1930
MR #:	500000445948	Age/Gender:	79y F
DOS:	8/31/2009 15:24	Acct #:	800221079
Private Phys:	PCP _None	ED Phys:	Cynthia Moise, NP

CONTINUUM HEALTH PARTNERS



473

**AMBULATORY
PATIENT NOTIFICATION RECORD**

SCHWARTZ, EVELYN
MR# 500000445948
SER# 800221079 F
DOB 02/08/1930 79
VST DATE 08/31/09

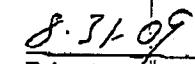
I acknowledge that I have been given the following Notices as required by State and Federal regulations:

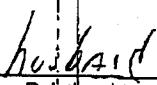
- New York State Patients' Bill of Rights
- Continuum Notice of Privacy Practices
- New York State Health Care Proxy
- Continuum Summary of Policy on Advance Directives
- Continuum Patient Information on Pain Management

and I consent to share my health information for payment, treatment and hospital operations purposes.


Patient/Personal Representative Signature

Date


Date


Representative Relationship to Patient

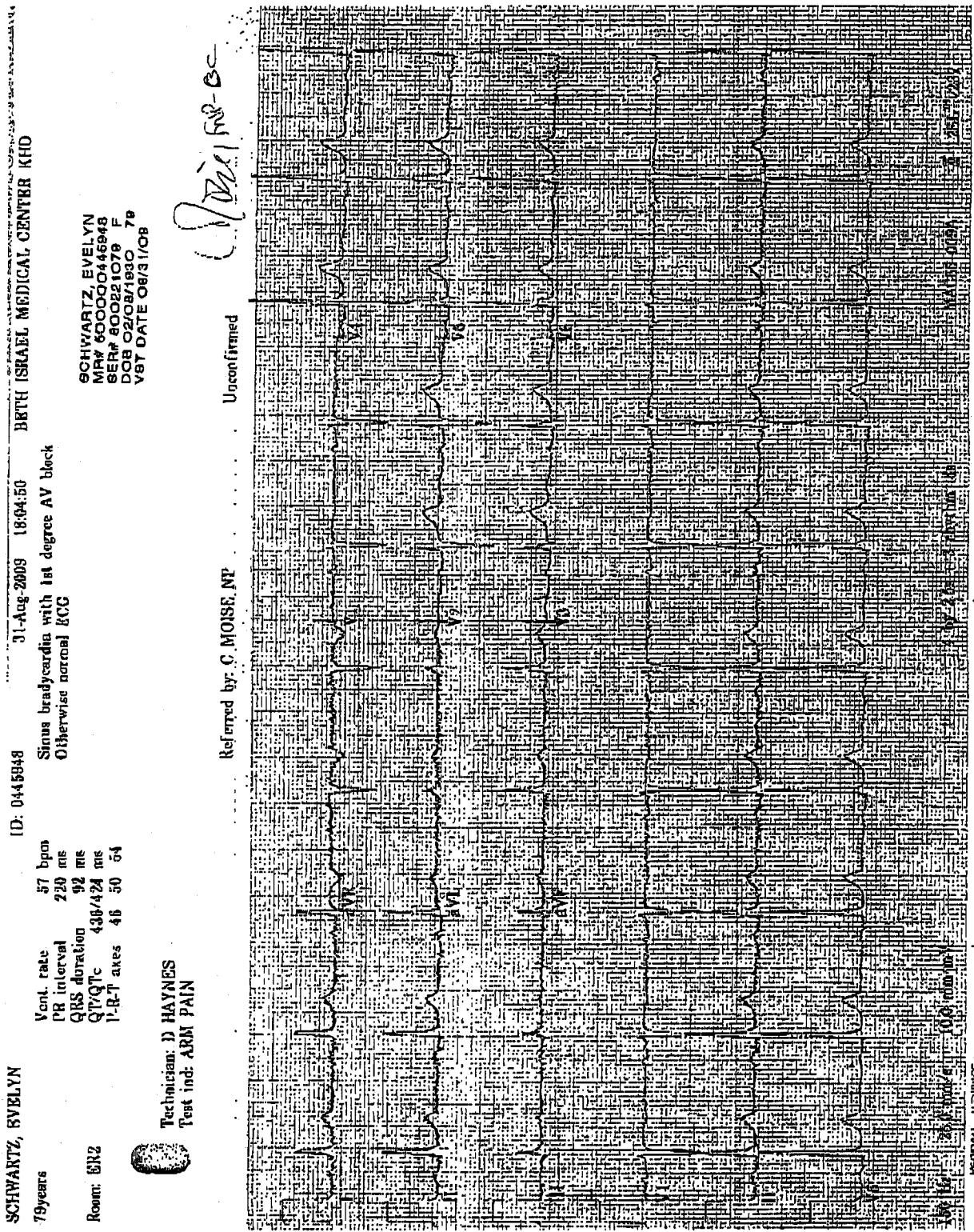
Patient: Unable to sign
 Refuses to sign

Employee Signature:

Date

**Beth Israel Medical Center- Kings Highway Division - Brooklyn,
NY 11234**

Patient:	EVELYN SCHWARTZ	DOB:	2/8/1930
MR #:	500000445948	Age/Gender:	79y F
DOS:	8/31/2009 15:24	Acct #:	800221079
Private Phys:	PCP _None	ED Phys:	Cynthia Moisec. NP



**Beth Israel Medical Center- Kings Highway Division - Brooklyn,
NY 11234**

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Private Phys:	PCP _None	ED Phys:	Cynthia Moise, NP

BETH ISRAEL MEDICAL CENTER

**PATIENT PROPERTY AND
VALUABLES RECORD**

SCHWARTZ, EVELYN
MR# 500000445948
SER# 800221079 :F
DOB 02/08/1930 : 79
VST DATE 08/31/09

Rm 3

Instructions: All property and valuables that accompany a patient must be recorded at point of entry and at each transfer (exit and entry). Indicate the quantity in columns as appropriate and disposition (use legend) and place your initials at bottom of each column. Staff must PRINT their name and title and initials in "Legend" box" at the bottom of form.

		Point of Entry	Transfer # 1		Transfer # 2		Transfer # 3	
			Entry	Exit	Entry	Exit	Entry	Exit
PROPERTY								
Hearing Aid								
Eyeglasses/Lenses	3							
Dentures	upper	3						
Glove/Crutches/Walker/Wheelchair								
Bag/Suitcase								
Coat/Jacket								
Shoes	3							
Skirt/Dress/Trousers								
Shirt/Blouse/Sweater	3							
Pajamas/Nightgown/Robe								
Other (specify) <i>Perf</i>	3							
	<i>Initials D.H.</i>							
Send home with: Name:		Address:		Tel #:		Ref. to Pt:		
Signature:		Witnessed By (sign)/BI employee:						
VALUABLES								
Patient has no valuables								
Watch (describe)	3							
Earrings (describe)								
Rings (describe)								
Other Jewelry (describe)								
Wallet								
Credit Card								
Cash (amount)								
Other (specify) Cell phone	3							
	<i>Initials D.H.</i>							
Send home with: Name:		Address:		Tel #:		Ref. to Pt:		
Signature:		Witnessed By (sign)/BI employee:						
Print Name/Title	Initials	Print Name/Title	Initials	Print Name/Title	Initials	Print Name/Title	Initials	
<i>DEBRA DCA DHT</i>								

I have been advised that the Hospital cannot be responsible for any personal belongings I may bring in or leave in my possession at anytime after that during my hospitalization unless I leave them with the Security Officer. I understand it is up to me to take care of my valuables and other property with the Security Officer if I leave it to him/her. I hereby release the Hospital from any responsibility for the loss of, or damage to, any of my valuables or other personal belongings that I may bring in or leave in my possession.

Signed
Debra DCA
Name Printed

**Beth Israel Medical Center- Kings Highway Division - Brooklyn,
NY 11234**

Patient:	EVELYN SCHWARTZ	DOB:	2/8/1930
MR #:	500000445948	Age/Gender:	79y F
DOS:	8/31/2009 15:24	Acct #:	800221079
Private Phys:	PCP _None	ED Phys:	Cynthia Moise, NP

BETH ISRAEL MEDICAL CENTER
KINGS HIGHWAY DIVISION

MISCELLANEOUS REPORT
(DOWNTIME REPORT)

PATIENT NAME	SCHWARTZ, Evelyn
LOCATION	(1)
MR#	500000445948
DATE	8/31/09
ORDER#	71
DATE OF COLLECTION	8/31/09
TIME OF COLLECTION	8:43 PM

TEST	RESULTS	REFERENCE RANGES
B-HCG QUANT		0-4.9 MIU/ML
TROPONIN I	0.00	0.00-0.034 NG/ML CRITICAL=>0.12
CPK-TOTAL		F=30-135, M=55-170 U/L
CKMB		0.0-5.0 NG/ML
CKMB INDEX	c	0-2.0 %
PERFORMED BY	(2)	
DATE AND TIME	8/31/09 8:43PM	

**Beth Israel Medical Center- Kings Highway Division - Brooklyn,
NY 11234**

Patient:	EVELYN SCHWARTZ	DOB:	2/8/1930
MR #:	500000445948	Age/Gender:	79y F
DOS:	8/31/2009 15:24	Acct #:	800221079
Private Phys:	PCP _None	ED Phys:	Cynthia Moise, NP

BETH ISRAEL MEDICAL CENTER
KINGS HIGHWAY DIVISION

COAGULATION
(DOWNTIME REPORT)

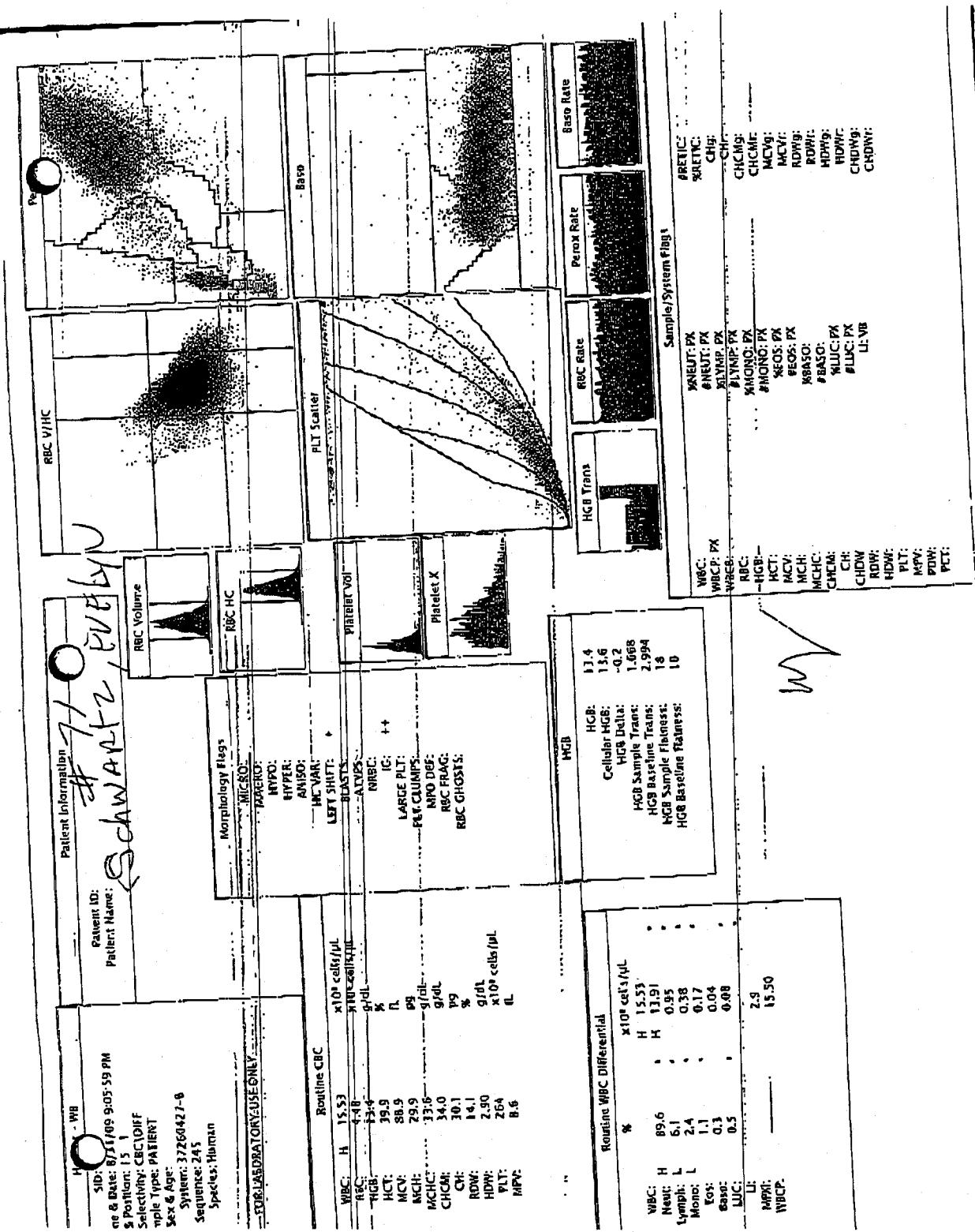
PATIENT NAME	SCHWARTZ, Evelyn	
LOCATION	(G)	
MR#	500000445948	
DATE	8/31/09	
ORDER#	71	
DATE OF COLLECTION	8/31/09	
TIME OF COLLECTION	8:43 PM	

TEST	RESULT	REFERENCE RANGES
PT	13.2	12.1- 14.4 SEC
INR	1.00	0.8-1.2
PTT	30.5	23- 35 SEC
FIBRINOGEN		228- 501 MG/DL
D-DIMER		0.01- 0.58 MG/DL
PERFORMED BY	KL	
DATE AND TIME	8/31/09 7:22 PM	

**Beth Israel Medical Center- Kings Highway Division - Brooklyn,
NY 11234**

Patient: EVELYN SCHWARTZ
MR #: 500000445948
DOS: 8/31/2009 15:24
Private Phys: PCP _Nonc

DOB: 2/8/1930
Age/Gender: 79y F
Acct #: 800221079
ED Phys: Cynthia Moise, NP



**A.BRS PLANNING &
BROKERAGE INC.
INSURANCE CONSULTANTS
8802 FLATLANDS AVENUE
BROOKLYN NEW YORK 11236
TEL # 718-257-4000 FAX #718-272-0469**

November 12, 2009

FACSIMILE TRANSMITTAL

Att: Sherri Benmorits
Fax #212-267-5813

Re: Evelyn Schwartz

NUMBER OF PAGES INCLUDING COVER SHEET

24
(Twenty four)

Dear Ms. Benmorits:

Please call Robert Schwartz upon receipt of the attached.
917-309-7290

Thanking you in advance.

Robert D. Schwartz VP

Beth Israel

University Hospital and
Manhattan Campus for
the Albert Einstein College
of Medicine

Beth Israel Medical Center
Kings Highway Division
3201 Kings Highway
Brooklyn, NY 11234

Date: 11/11/09

Re: Schwartz, Evelyn

To Whom It May Concern:

Enclosed are the records you requested for name patient.

Very truly yours

Medical Record Department.

Continuum Health Partners, Inc.

Beth Israel

Roosevelt Hospital

St. Luke's Hospital

Long Island College Hospital

NY Eye & Ear Infirmary

**Beth Israel Medical Center- Kings Highway Division - Brooklyn,
NY 11234**

Patient:	EVELYN SCHWARTZ	DOB:	2/8/1930
MR #:	500000445948	Age/Gender:	79y F
DOS:	8/31/2009 15:24	Acct #:	800221079
Private Phys:	PCP _None	ED Phys:	Cynthia Moise, NP

CHIEF COMPLAINT: Elbow pain, traumatic	Enc. Type: Initial	ACUITY: Level 4- Semi-Urgent Care
--	------------------------------	---

Physicians caring for patient:
Cynthia Moise, NP

ALLERGIES

Patient allergies: Sulfa drugs
Additional Allergies (free text) Undocumented

VITAL SIGNS

Initials/Date/Time	Temp(F)	Rt.	Pulse	Resp	Syst	Diast	Pos.	O2 Sat	FS	Pain Sc
MBALD 8/31/2009 15:33	96.9	O	<u>55</u>	20	140	81	L	100	140	<u>10</u>
GLAY 8/31/2009 20:52										136
GLAY 8/31/2009 22:19	97.6	O	60	18	136	76	S	100		8

TRIAGE

Triage initiated: Monday, August 31, 2009 15:26 <MBALD 08/31/09 15:26>

Nameband checked and verified. <MBALD 08/31/09 15:26>

Chief complaint quote: Tripped end fell in the sidewalk injured right elbow, arm and shoulder, no LOC
<MBALD 08/31/09 15:33>

Objective nursing note: alert and oriented x 3, NAD, with sling and splint to right arm. <MBALD 08/31/09 15:33>
The patient complains of right elbow, arm and shoulder pain from a(n) fall . The patient describes the pain as 10/10.
The symptoms are constant . The pain is described as sharp . Findings in the affected area include: decreased range
of motion

<MBALD 08/31/2009 15:32>

Mode of arrival: Ambulance (FDNY) accompanied by family member from the scene of accident < MBALD 8/31/2009
15:26>

Historian: patient The patient's primary language is English < MBALD 8/31/2009 15:27>

Patient indicates pain level on scale of 10 to be 10 out of 10 . Clinical signs/behavior of pain is/are calm
< MBALD 8/31/2009 15:27>

LMP / Pregnancy: <MBALD 08/31/09 15:27>

LMP: non-applicable due to age. <MBALD 08/31/09 15:27>

Medical and surgical history obtained. <MBALD 08/31/09 15:27>

Triage screening: <MBALD 08/31/09 15:31>

Patient has no history of suicidal thoughts or attempts. <MBALD 08/31/09 15:31>

Patient has no history of hurting others. <MBALD 08/31/09 15:31>

Patient does not want to hurt himself/herself at this time. <MBALD 08/31/09 15:31>

Patient does not want to hurt others at this time. <MBALD 08/31/09 15:31>

Hx domestic violence / abuse: [-] <MBALD 08/31/09 15:31>

Patient is not afraid of anyone at home. <MBALD 08/31/09 15:31>

Nobody has hurt patient at home. <MBALD 08/31/09 15:31>

Flu vaccination: [+] <MBALD 08/31/09 15:31>

Date of flu vaccination: October, 2008 <MBALD 08/31/09 15:31>

Foreign travel in the past year: [-] <MBALD 08/31/09 15:31>

Hospitalization in the past 6 months: [-] <MBALD 08/31/09 15:31>

Beth Israel Medical Center- Kings Highway Division - Brooklyn, NY 11234

Patient:	EVELYN SCHWARTZ	DOB:	2/8/1930
MR #:	500000445948	Age/Gender:	79y F
DOS:	8/31/2009 15:24	Acct #:	800221079
Private Phys:	PCP _None	ED Phys:	Cynthia Moise, NP

Triage complete. Patient ready for full registration. Monday, August 31, 2009 15:31 <MBALD 08/31/09 15:31>

PAST HISTORY

Past Medical/Surgical History

Patient allergies: Sulfa drugs < MBALD 8/31/2009 15:27>

Primary Care Physician: PCP _None < MBALD 8/31/2009 15:28>

Home medications: Tenormin PO

Hyzaar PO

Zocor PO

Synthroid PO

Amaryl PO

Aspirin PO

Actos PO < MBALD 8/31/2009 15:28>

Past medical history: Hypertension

Diabetes, mellitus - type II

High cholesterol

Ischemic heart disease

Cancer, breast right

Cancer, uterine < MBALD 8/31/2009 15:29> <MBALD 08/31/09 15:30>

Past surgical history: Mastectomy, right

Uterine surgery

Gall bladder surgery

Ankle surgery right < MBALD 8/31/2009 15:30>

At the time of this signature, I have reviewed and agree with documented Past History. <CMOI 08/31/09 19:53 >

Amendments to history obtained earlier: Denies other significant past medical or surgical history. <CMOI 08/31/09 19:53 >

FLOWsheets

Medication Administration

Ketorolac (Toradol) Intramuscular 30 mg Route: IM now Cynthia Moise, NP 8/31/2009 16:30

Given left deltoid Gerino Layos, LPN 8/31/2009 17:06

GLAY 8/31/2009 17:07

HISTORY OF PRESENT ILLNESS

Note

Historian: patient < CMOI 8/31/2009 16:39>

HPI text: 79 y/o female her " I fell on my right side" Positive Right arm and elbow pain. Pt. unable to describe pain character and intensity n. states "deep pain. s/p fall in street around 2:30PM. States she trip on steps. Denies head trauma/ numbness or tingling of fingers / LOC / Dizziness. Pt. BIBA, Right arm in sling and elevated. No meds given. <CMOI 08/31/09 19:51 >

Medical screening complete. <CMOI 08/31/09 16:39 >

REVIEW OF SYSTEMS

Musculoskeletal

Beth Israel Medical Center- Kings Highway Division - Brooklyn, NY 11234

Patient:	EVELYN SCHWARTZ	DOB:	2/8/1930
MR #:	500000445948	Age/Gender:	79y F
DOS:	8/31/2009 15:24	Acct #:	800221079
Private Phys:	PCP _None	ED Phys:	Cynthia Moise, NP

Constitutional: No fever, no chills, unexplained weight change or malaise.

Eyes: No visual changes, eye pain or discharge.

ENMT: No hearing changes, pain, discharge or infections. No neck pain or stiffness.

Cardiac: No chest pain, SOB or edema. No chest pain with exertion.

Respiratory: No cough or respiratory distress. No hemoptysis..

GI: No nausea, vomiting, diarrhea or abdominal pain.

GU: No dysuria, frequency or burning.

MS: See HPI.

Neuro: No headache or weakness. No LOC.

Skin: No skin rash.

Endocrine: No history of thyroid disease or diabetes. <CMOI 08/31/09 19:52 >

EXAM

CONSTITUTIONAL: Well-appearing; well-nourished; in no apparent distress

HEAD: Normocephalic; atraumatic

EYES: PERRL; EOM intact; conjunctiva and sclera are clear bilaterally.

NECK: Supple; non-tender; no cervical lymphadenopathy

CARD: Normal S1, S2, Brady. IAVB on ECG; no murmurs, rubs, or gallops..

RESP: Normal respiratory effort; breath sounds clear and equal bilaterally; no wheezes, rhonchi, or rales.

ABD: Normal bowel sounds; non-distended; non-tender; no palpable organomegaly, no masses, no bruits.

EXT: Right arm decreased ROM at elbow secondary to pain. Able to wiggle all fingers. Cap. refill

SKIN: Normal for age and race; warm; dry; good turgor; no apparent lesions or exudate, rashes or ulcers.

NEURO: Pt is alert and oriented to person, place, and time. Sensory and motor functions are grossly intact. Speech is normal. Appearance and judgement seem appropriate for gender and age. <CMOI 08/31/09 19:57 >

PROCEDURES

EKG completed.

DEAL 08/31/09 18:23 < DEAL 8/31/2009 18:23>

Property / Valuables list completed. Property / Valuables placed in belongings bag. Belongings given to patient.

DEAL 08/31/09 21:59 < DEAL 8/31/2009 21:59>

ORDERS

Medicine

Ketorolac (Toradol) Intramuscular 30 mg Route: IM now < Cynthia Moise, NP 8/31/2009 16:30>

Ketorolac (Toradol) Intramuscular 30 mg Route: IM now Cynthia Moise, NP 8/31/2009 16:30

Given lcf1 deltoid Gerino Layos, LPN 8/31/2009 17:06

GLAY 8/31/2009 17:07

Lab

CBC with differential; Priority: STAT; Protocol order by: Ramy Yakobi MD [Reference: 563105454-3] < Cynthia Moise, NP 8/31/2009 18:12>

Basic Metabolic Panel (SMA-7); Priority: STAT; Protocol order by: Ramy Yakobi MD [Reference: 563105454-4] < Cynthia Moise, NP 8/31/2009 18:12>

Beth Israel Medical Center- Kings Highway Division - Brooklyn, NY 11234

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DOS:	8/31/2009 15:24	Acct #:	800221079
Private Phys:	PCP _None	ED Phys:	Cynthia Moise, NP

Troponin I; Protocol order by: Ramy Yakobi MD [Reference: 563105454-5] < Cynthia Moise, NP 8/31/2009 18:12>

PT w/ INR; Protocol order by: Ramy Yakobi MD [Reference: 563105454-6] < Cynthia Moise, NP 8/31/2009 18:12>

aPTT; Protocol order by: Ramy Yakobi MD [Reference: 563105454-7] < Cynthia Moise, NP 8/31/2009 18:12>

Urinalysis; Protocol order by: Ramy Yakobi MD [Reference: 563105454-2] < Cynthia Moise, NP 8/31/2009 18:12>
CANCELLED BY User N. Interface on 8/31/2009 18:12 REASON FOR CANCELLATION: Cancelled via Interface

Blood Glucose. Point of Care < Cynthia Moise, NP 8/31/2009 18:13>

Radiology

Elbow Complete (3 View) Right ; Reason: Injury [Reference: 1966531] < Cynthia Moise, NP 8/31/2009 16:46>

Forearm (2 Views) Right ; Reason: pain [Reference: 1966532] < Cynthia Moise, NP 8/31/2009 16:46>

Humerus Right : Reason: Injury [Reference: 1966533] < Cynthia Moise, NP 8/31/2009 16:46>

Chest Pa And Lateral ; Reason: Admission [Reference: 1966559] < Cynthia Moise, NP 8/31/2009 18:12> CANCELLED BY
User N. Interface on 8/31/2009 18:35 REASON FOR CANCELLATION: Cancelled via Interface

CHEST ONE VIEW, , , History: Admission [Reference: 1966559] < User N. Interface 8/31/2009 18:35>

EKG

EKG 12 Lead EKG ; Priority: STAT ; Transportation: Wheelchair < Cynthia Moise, NP 8/31/2009 17:49>

Treatment

Apply ice and elevate injury < Cynthia Moise, NP 8/31/2009 16:39>

Sling < Cynthia Moise, NP 8/31/2009 16:39>

Continuous monitoring (Cardiac, BP, O2 sat) Protocol order by: Ramy Yakobi MD < Cynthia Moise, NP 8/31/2009 18:12>

IV; JV Saline Lock Protocol order by: Ramy Yakobi MD < Cynthia Moise, NP 8/31/2009 18:12>

Maintain O2 Sat GT 92% Protocol order by: Ramy Yakobi MD < Cynthia Moise, NP 8/31/2009 18:12>

IV: Large IV saline lock #1 < Cynthia Moise, NP 8/31/2009 18:12>

Long arm posterior mold (right) < Cynthia Moise, NP 8/31/2009 18:13>

Blood Bank

Type and Screen [Reference: 563105450-1] < Cynthia Moise, NP 8/31/2009 20:38>

**Beth Israel Medical Center- Kings Highway Division - Brooklyn,
NY 11234**

Patient:	EVELYN SCHWARTZ	DOB:	2/8/1930
MR #:	500000445948	Age/Gender:	79y F
DOS:	8/31/2009 15:24	Acct #:	800221079
Private Phys:	PCP _None	ED Phys:	Cynthia Moise, NP

RESULTS

Lab

CBC with differential; Priority: STAT; Protocol order by: Ramy Yakobi MD Ramy Yakobi MD

Result 9/1/2009 06:31 < User N. Interface 9/1/2009 06:31>

CBC with differential; Priority: STAT; Protocol order by: Ramy Yakobi MD

Test	Flag	Value	Units	Ref. Range	Status
WBC	H	<u>15.2</u>	K/uL	<u>4.5-10.8</u>	F
RBC		4.54	M/uL	4.20-5.40	F
HGB		13.4	g/dL	12.0-16.0	F
HCT		40.8	%	36.0-46.0	F
MCV		89.7	fL	80.0-100.0	F
MCH		29.4	pg	27.0-34.0	F
MCHC		32.8	g/dL	29.0-37.0	F
RDW		14.0	%	11.4-16.4	F
MPV		9.4	fL	6.5-11.3	F
Platelet Count		263	K/uL	150-450	F
Neutrophils	H	<u>89.4</u>	%	<u>36.0-66.0</u>	F
Lymphocytes	L	<u>6.5</u>	%	<u>20.0-40.0</u>	F
Monocytes		2.2	%	1.0-12.0	F
Eosinophils		1.7	%	0.0-5.0	F
Basophils		0.2	%	0.0-2.0	F
Absolute Neutrophils	H	<u>13.6</u>	K/uL	<u>1.4-7.6</u>	F
Absolute Lymphocytes		1.0	K/uL	0.9-3.1	F
Absolute Monocytes		0.3	K/uL	0.1-0.9	F
Absolute Eosinophils		0.3	K/uL	0.0-1.0	F
Absolute Basophils		0.0	K/uL	0.0-0.2	F

Basic Metabolic Panel (SMA-7); Priority: STAT; Protocol order by: Ramy Yakobi MD Ramy Yakobi MD

Result 9/1/2009 06:36 < User N. Interface 9/1/2009 06:36>

Basic Metabolic Panel (SMA-7); Priority: STAT; Protocol order by: Ramy Yakobi MD

Test	Flag	Value	Units	Ref. Range	Status
Glucose	H	<u>140</u>	mg/dL	<u>74-106</u>	F
Urea Nitrogen	H	<u>29.0</u>	mg/dL	<u>7.0-17.0</u>	F
Creatinine		1.00	mg/dL	0.52-1.04	F
Calcium		9.8	mg/dL	8.4-10.3	F
Sodium		139	mmol/L	137-145	F
Potassium		4.4	mmol/L	3.5-5.1	F

Printed By Mary Anne Ingrassia, MR on 11/10/2009 3:10 PM
Clinical Chart

**Beth Israel Medical Center- Kings Highway Division - Brooklyn,
NY 11234**

Patient:	EVELYN SCHWARTZ	DOB:	2/8/1930
MR #:	500000445948	Age/Gender:	79y F
DOS:	8/31/2009 15:24	Acct #:	800221079
Private Phys:	PCP _None	ED Phys:	Cynthia Moise, NP

Chloride	103	mmol/L	98-107	F
CO2	25	mmol/L	22-30	F
Anion Gap	11	mmol/L	7-16	F

Troponin I; Protocol order by: Ramy Yakobi MD Ramy Yakobi MD

Result 9/1/2009 07:23 < User N. Interface 9/1/2009 07:23>

Troponin I; Protocol order by: Ramy Yakobi MD

Test	Flag	Value	Units	Ref. Range	Status	Comments
Troponin I		<0.012	ng/ml	0.000-0.034	F	New reference interval is 0.00-0.034 ng/mL (was 0.00-0.08 ng/mL) New AMI cutoff is 0.12 ng/mL (was 0.4 ng/mL)

PT w/ INR; Protocol order by: Ramy Yakobi MD Ramy Yakobi MD

Result 9/1/2009 06:55 < User N. Interface 9/1/2009 06:55>

PT w/ INR; Protocol order by: Ramy Yakobi MD

Test	Flag	Value	Units	Ref. Range	Status	Comments
PT		13.2	sec	12.1-14.4	F	
INR		1.0		0.8-1.2	F	When monitoring oral anticoagulant therapy, for most indications the target goal for INR is between 2 and 3

aPTT; Protocol order by: Ramy Yakobi MD Ramy Yakobi MD

Result 9/1/2009 06:56 < User N. Interface 9/1/2009 06:56>

aPTT; Protocol order by: Ramy Yakobi MD

Test	Flag	Value	Units	Ref. Range	Status
aPTT		31.2	sec	23.0-35.0	F

Type and Screen Cynthia Moise, NP

Result 9/1/2009 01:20 < User N. Interface 9/1/2009 01:20>

Type and Screen

Test	Flag	Value	Units	Ref. Range	Status
ABO Group Gel		O			F
RH Type. Gel		POS			F
Antibody Screen. Gel		NEG			F

Radiology

Printed By Mary Anne Ingrassia, MR on 11/10/2009 3:10 PM
Clinical Chart

**Beth Israel Medical Center- Kings Highway Division - Brooklyn,
NY 11234**

Patient:	EVELYN SCHWARTZ	DOB:	2/8/1930
MR #:	500000445948	Age/Gender:	79y F
DOS:	8/31/2009 15:24	Acct #:	800221079
Private Phys:	PCP _None	ED Phys:	Cynthia Moise, NP

Elbow Complete (3 View) Right ; Reason: Injury Cynthia Moise NP

Result 8/31/2009 18:02 < User N, Interface 8/31/2009 18:02>
Elbow Complete (3 View) Right ; Reason: Injury

Order Comments :

Status: F, Attending: , Resident:

1966531^IDXRadImagingSuite^IM^HTML^^

^

History: Trauma^

^

Examination of the right humerus, elbow and forearm.^

^

There is a transverse intra-articular fracture through the olecranon process. There is fracture displacement the posterior half of the radial head. The radius and ulna are displaced anteriorly.^

IMPRESSION:^

Olecranon process and radial head and neck fracture-dislocation.^

Reviewed By: Cynthia Moise, NP 8/31/2009 18:33

Result 8/31/2009 18:02 < User N, Interface 8/31/2009 18:02>

Elbow Complete (3 View) Right ; Reason: Injury

Order Comments :

Status: F, Attending: , Resident:

1966531^IDXRadImagingSuite^IM^HTML^`

History: Trauma^

Examination of the right humerus, elbow and forearm.^

There is a transverse intra-articular fracture through the olecranon process. There is fracture displacement the posterior half of the radial head. The radius and ulna are displaced anteriorly.^

IMPRESSION:^

Olecranon process and radial head and neck fracture-dislocation.^

Reviewed By: Cynthia Moise, NP 8/31/2009 18:33

Forearm (2 Views) Right ; Reason: pain Cynthia Moise NP

Result 8/31/2009 18:02 < User N, Interface 8/31/2009 18:02>
Forearm (2 Views) Right ; Reason: pain

**Beth Israel Medical Center- Kings Highway Division - Brooklyn,
NY 11234**

Patient:	EVELYN SCHWARTZ	DOB:	2/8/1930
MR #:	500000445948	Age/Gender:	79y F
DOS:	8/31/2009 15:24	Acct #:	800221079
Private Phys:	PCP _None	ED Phys:	Cynthia Moise, NP

Order Comments :

Status: F, Attending: , Resident:

1966532^IDXRadImagingSuite^IM^HTML^^

History: Trauma^

Examination of the right humerus, elbow and forearm.^

There is a transverse intra-articular fracture through the olecranon process. There is fracture displacement the posterior half of the radial head. The radius and ulna are displaced anteriorly.^

IMPRESSION:

Olecranon process and radial head and neck fracture-dislocation.^

Reviewed By: Cynthia Moise, NP 8/31/2009 18:33

Result 8/31/2009 18:02 <User N. Interface 8/31/2009 18:02>

Forarm (2 views) Right ; Reason: pain

Order Comments :

Status: P, Attending: , Resident:

1966531^IDXRadImagingSuite^IM^HTML^^

History: Trauma^

Examination of the right humerus, elbow and forearm.^

There is a transverse intra-articular fracture through the olecranon process. There is fracture displacement the posterior half of the radial head. The radius and ulna are displaced anteriorly.^

IMPRESSION:

Olecranon process and radial head and neck fracture-dislocation.^

Reviewed By: Cynthia Moise, NP 8/31/2009 18:33

Humerus Right ; Reason: Injury Cynthia Moise NP

Result 8/31/2009 18:02 <User N. Interface 8/31/2009 18:02>

Humerus Right ; Reason: Injury

Order Comments :

Status: F, Attending: , Resident:

1966533^IDXRadImagingSuite^IM^HTML^^

History: Trauma^

**Beth Israel Medical Center- Kings Highway Division - Brooklyn,
NY 11234**

Patient:	EVELYN SCHWARTZ	DOB:	2/8/1930
MR #:	500000445948	Age/Gender:	79y F
DOS:	8/31/2009 15:24	Acct #:	800221079
Private Phys:	PCP _None	ED Phys:	Cynthia Moise, NP

Discussed with: Daniel J Morgan, MD . Items discussed include: medical history, signs and symptoms, condition, exam findings, radiology results, further workup and treatment . Plan:
 Admit to Daniel J Morgan, MD and Medicine consult Zurab Abayev, MD
 <CMOI 8/31/2009 18:32>
 Admission bed type: orthopedic . The patient's condition is satisfactory. Admitting Physician: Daniel J Morgan, MD
 <CMOI 8/31/2009 18:38>
 Pt was advised of their disposition plan. <CMOI 08/31/09 18:38>
 The patient's family was advised of the patient's disposition. <CMOI 08/31/09 18:38>

Nursing Notes

08/31/09 15:33	Temp(F)	Rt.	Pulse	Resp	Syst	Diast	Pos.	O2	Sat	FS	Pain Sc
	96.9	O	<u>55</u>	20	140	81	L	100		140	<u>10</u>

Entered: <MBALD 8/31/2009 15:36>

08/31/09 17:06 MAR: Given left deltoid Entered: <GLAY 8/31/2009 17:07> Ketorolac (Toradol) Intramuscular 30 mg
 Route: IM now

08/31/09 17:07 Patient nameband checked and verified according to last name, first name, date of birth and medical record number . Splint, ice, elevation: An adult sling was applied. Splint, ice or elevation applied in treatment area to the right shoulder . Sensation intact . Pulse intact . Capillary refill time less than 2 seconds . Motor intact
 Entered: <GLAY 8/31/2009 17:07>

08/31/09 20:33 Patient nameband checked and verified according to last name, first name, date of birth and medical record number . Blood obtained from the left antecubital attempted times 1 . Sent to lab.
 Entered: <GLAY 8/31/2009 20:33>

08/31/09 20:33 Patient nameband checked and verified according to last name, first name, date of birth and medical record number. IV site # 1 : a/an 22 gauge Angiocath was inserted in the left antecubital area x 1 attempt via saline/hep lock and standard tubing
 Entered: <GLAY 8/31/2009 20:33>

08/31/09 20:41 Patient nameband checked and verified according to last name, first name, date of birth and medical record number . Blood obtained from the left antecubital attempted times 1 . Sent to lab.
 Entered: <GLAY 8/31/2009 20:41>

08/31/09 20:42 Patient nameband checked and verified according to last name, first name, date of birth and medical record number . Splint, ice, elevation: long posterior splint Splint, ice or elevation applied in treatment area to the right arm . Sensation intact . Pulse intact . Capillary refill time less than 2 seconds . Motor intact
 Entered: <GLAY 8/31/2009 20:42>

08/31/09 20:52 Patient nameband checked and verified according to last name, first name, date of birth and medical record number . Point of care test(s) completed: Blood glucose
 Entered: <GLAY 8/31/2009 20:52>

08/31/09 20:52	Temp(F)	Rt.	Pulse	Resp	Syst	Diast	Pos.	O2	Sat	FS	Pain Sc
											136

Entered: <GLAY 8/31/2009 20:52>

08/31/09 21:47 Patient nameband check and verified according to last name, first name, date of birth and medical record number The patient is being monitored with cardiac monitor, automatic blood pressure cuff and pulse ox (continuous monitoring)

**Beth Israel Medical Center- Kings Highway Division - Brooklyn,
NY 11234**

Patient:	EVELYN SCHWARTZ	DOB:	2/8/1930
MR #:	500000445948	Age/Gender:	79y F
DOS:	8/31/2009 15:24	Acct #:	800221079
Private Phys:	PCP _None	ED Phys:	Cynthia Moise, NP

Entered: <GLAY 8/31/2009 21:47>

08/31/09 22:19	Temp(F)	Rt.	Pulse	Resp	Syst	Diast	Pos.	O2	Sat	FS	Pain	Sc
	97.6	O	60	18	136	76	S	100			8	

Entered: <GLAY 8/31/2009 22:20>

Bed Assignments:

WR INU 8/31/2009 15:25
CH2 CMOI 8/31/2009 16:22
2WEST HHAR 8/31/2009 22:49

Status Activity:

Awaiting triage INU 8/31/2009 15:24
Patient awaiting fast track bed. MBALD 8/31/2009 15:36
Provider assigned CMOI 8/31/2009 16:21
Nurse assigned GLAY 8/31/2009 17:06
Nurs 2 assigned C10H 8/31/2009 19:01
Out of department HHAR 8/31/2009 22:49
Released SPED 8/31/2009 22:50

Chart Documented By:

CMOI: Cynthia Moise, NP
INU: User N. Interface
SCHI: Susan Chiu, PKO
DEAL: Debra Haynes-Alexander, PCA
SPYA: Sofia Pyatigorsky, ADMIT
MFIT: Marilyn Fitzgerald, SEC
KCIA: Kelly Ciardo, IBMGR
GLAY: Gerino Layos, LPN
MBALD: Grace Baldonado, RN
SPED: Soledad Pedrena, RN
JWAL: Jeannemarie Walter, SEC

Signatures:

Nursing Data electronically signed by: Gerino Layos, LPN 8/31/2009 22:31
Chart electronically signed by: Cynthia Moise, NP 8/31/2009 19:58

**Beth Israel Medical Center - Kings Highway Division - Brooklyn,
NY 11234**

Patient: EVELYN SCHWARTZ
 MR #: 500000445948
 DOS: 8/31/2009 15:24
 Private Phys: PCP _None

DOB: 2/8/1930
 Age/Gender: 79y F
 Acct #: 800221079
 ED Phys: Cynthia Moise, NP

FDNY		Station #111	CAD#	Unit #	ELS	ALS	73764012		
Prehospital Care Report									
Today's Date		Arrived		En Route (E3)		On Scene (E2) Patient Onboard To Destination (E1) At Destination (E1) Arrived In Service			
08/31/09		11341134		114601		15101519			
Incident Address						Ap Number	Driver's Shield #		
BRAGG ST AVE U						C-5618	E Tech / Documentation Shield #		
Prior Treatment(s) by whom		Police Agency		Shield #	Responsible From				
		USP		1A	240SP192				
Last Name		First Name				Weight (lb)			
SCHWARTZ		EVELYN				Mae			
Street Address						SSN			
APT NUMBER						Age Number			
5170 BRAGG ST						44			
City						Zip Code			
BROOKLYN						11251			
Age		Days	Month	Year	Home Phone				
79		53	08	1938	417-5235				
Medical		Cause of Injury / Illness				Body Matrix			
<input type="checkbox"/> 10 Abdominal Pain <input type="checkbox"/> 11 Alveolar Obstruction <input type="checkbox"/> 12 Allergic Reaction <input type="checkbox"/> 13 Altered Mental <input type="checkbox"/> 14 Apathy <input type="checkbox"/> 15 Behavioral Disorder <input type="checkbox"/> 16 Cardiac Arrest <input type="checkbox"/> 17 Chest Symptoms <input type="checkbox"/> 18 Chest Pain <input type="checkbox"/> 19 Cough <input type="checkbox"/> 20 Cough W/Blood <input type="checkbox"/> 21 CVA / Stroke <input type="checkbox"/> 22 Dehydration <input type="checkbox"/> 23 Depression <input type="checkbox"/> 24 Diabetic Symptoms <input type="checkbox"/> 25 Dizziness <input type="checkbox"/> 26 Dystonia / SDH		<input type="checkbox"/> 27 Fever <input type="checkbox"/> 28 Flu Symptoms <input type="checkbox"/> 29 Gastroenteritis <input type="checkbox"/> 30 GI (Nausea) <input type="checkbox"/> 31 GI (Diarrhea) <input type="checkbox"/> 32 GI (Dysuria) <input type="checkbox"/> 33 Headache <input type="checkbox"/> 34 Hypertension <input type="checkbox"/> 35 Hyperventilation <input type="checkbox"/> 36 Hypothermia <input type="checkbox"/> 37 Hypoxia <input type="checkbox"/> 38 Hypnotics <input type="checkbox"/> 39 Hypnotic / Cns Comp. <input type="checkbox"/> 40 Hypnotic / Public Health Risk <input type="checkbox"/> 41 QYN <input type="checkbox"/> 42 OB-CYN (cone) <input type="checkbox"/> 43 OI-Injuries <input type="checkbox"/> 44 OI-No Medical Prob.				<input type="checkbox"/> 10 Alcohol <input type="checkbox"/> 11 Animal Bites <input type="checkbox"/> 12 Burn Force <input type="checkbox"/> 13 Bicycle Accident <input type="checkbox"/> 14 Collision <input type="checkbox"/> 15 Clash <input type="checkbox"/> 16 Dom. Violence <input type="checkbox"/> 17 Near Drowning <input type="checkbox"/> 18 Drug <input type="checkbox"/> 19 Electric Injury <input type="checkbox"/> 20 Excessive Cold <input type="checkbox"/> 21 Electrical Prod <input type="checkbox"/> 22 Explosions <input type="checkbox"/> 23 Fall <input type="checkbox"/> 24 Fight / Assault <input type="checkbox"/> 25 Fire / Beard <input type="checkbox"/> 26 Foreign Object <input type="checkbox"/> 27 Gun Shot <input type="checkbox"/> 28 Gun Man. <input type="checkbox"/> 29 Lightning		<input type="checkbox"/> 30 Machinery <input type="checkbox"/> 31 Med. Device Failure <input type="checkbox"/> 32 MVA Off Road <input type="checkbox"/> 33 MVA Traffic <input type="checkbox"/> 34 Pedestrian Struck <input type="checkbox"/> 35 Pedestrian <input type="checkbox"/> 36 Radiation Exp. <input type="checkbox"/> 37 Rhythmic Accidental <input type="checkbox"/> 38 Sexual Assault <input type="checkbox"/> 39 Sharp Terminal <input type="checkbox"/> 40 Sharp <input type="checkbox"/> 41 Subcutaneous <input type="checkbox"/> 42 Supp Child Abuse <input type="checkbox"/> 43 Supp Elder Abuse <input type="checkbox"/> 44 Supp Suicide <input type="checkbox"/> 45 Water Accident <input type="checkbox"/> 46 No Injuries <input type="checkbox"/> 47 Not Stated here <input type="checkbox"/> 48 Unknown Cause <input type="checkbox"/> 49 No Injuries	
Elapsed Time		Systolic B/P	Diastolic	Pulse	Respir. Rate (0-10)				
Q2		132	1	P 78	16 09				
SPO2		Temperature		O2C	GCV	GCM	GST		
Breathing		Circulation (S1)				CPR			
<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Labored <input type="checkbox"/> Shallow <input type="checkbox"/> Irregular		<input type="checkbox"/> Clear <input type="checkbox"/> Rales <input type="checkbox"/> Wheeze <input type="checkbox"/> Rhonchi <input type="checkbox"/> Diminsh <input type="checkbox"/> Absent				<input type="checkbox"/> AED Application <input type="checkbox"/> ECG <input type="checkbox"/> Shock Delivered			
Elapsed Time		Systolic B/P	Diastolic	Musc.	Respir. Rate (0-10)				
Q3		141	20	N	16 09				
Breathing		Circulation (S1)				CPR			
<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Labored <input type="checkbox"/> Shallow <input type="checkbox"/> Irregular		<input type="checkbox"/> Normal Color <input type="checkbox"/> Cyanotic <input type="checkbox"/> Pale <input type="checkbox"/> Normal Capillary Refill <input type="checkbox"/> Delayed Capillary Refill <input type="checkbox"/> Diminished Pulse (A) <input type="checkbox"/> Absent Cap. Pulse (P)				<input type="checkbox"/> Crew 1 <input type="checkbox"/> Crew 2 <input type="checkbox"/> Non-Resuscitator <input type="checkbox"/> Bag Valve Mask <input type="checkbox"/> Nasal Cannula			
Elapsed Time		Systolic B/P	Diastolic	Pulse	Respir. Rate (0-10)				
Q4		141	20	N	16 09				
Breathing		Circulation (S1)				CPR			
<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Labored <input type="checkbox"/> Shallow <input type="checkbox"/> Irregular		<input type="checkbox"/> Normal Color <input type="checkbox"/> Cyanotic <input type="checkbox"/> Pale <input type="checkbox"/> Normal Capillary Refill <input type="checkbox"/> Delayed Capillary Refill <input type="checkbox"/> Diminished Pulse (A) <input type="checkbox"/> Absent Cap. Pulse (P)				<input type="checkbox"/> Crew 1 <input type="checkbox"/> Crew 2 <input type="checkbox"/> Non-Resuscitator <input type="checkbox"/> Bag Valve Mask <input type="checkbox"/> Nasal Cannula			
Elapsed Time		Systolic B/P	Diastolic	Pulse	Respir. Rate (0-10)				
Q5		141	20	N	16 09				
Breathing		Circulation (S1)				CPR			
<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Labored <input type="checkbox"/> Shallow <input type="checkbox"/> Irregular		<input type="checkbox"/> Normal Color <input type="checkbox"/> Cyanotic <input type="checkbox"/> Pale <input type="checkbox"/> Normal Capillary Refill <input type="checkbox"/> Delayed Capillary Refill <input type="checkbox"/> Diminished Pulse (A) <input type="checkbox"/> Absent Cap. Pulse (P)				<input type="checkbox"/> Crew 1 <input type="checkbox"/> Crew 2 <input type="checkbox"/> Non-Resuscitator <input type="checkbox"/> Bag Valve Mask <input type="checkbox"/> Nasal Cannula			
Elapsed Time		Systolic B/P	Diastolic	Pulse	Respir. Rate (0-10)				
Q6		141	20	N	16 09				
Breathing		Circulation (S1)				CPR			
<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Labored <input type="checkbox"/> Shallow <input type="checkbox"/> Irregular		<input type="checkbox"/> Normal Color <input type="checkbox"/> Cyanotic <input type="checkbox"/> Pale <input type="checkbox"/> Normal Capillary Refill <input type="checkbox"/> Delayed Capillary Refill <input type="checkbox"/> Diminished Pulse (A) <input type="checkbox"/> Absent Cap. Pulse (P)				<input type="checkbox"/> Crew 1 <input type="checkbox"/> Crew 2 <input type="checkbox"/> Non-Resuscitator <input type="checkbox"/> Bag Valve Mask <input type="checkbox"/> Nasal Cannula			
Elapsed Time		Systolic B/P	Diastolic	Pulse	Respir. Rate (0-10)				
Q7		141	20	N	16 09				
Breathing		Circulation (S1)				CPR			
<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Labored <input type="checkbox"/> Shallow <input type="checkbox"/> Irregular		<input type="checkbox"/> Normal Color <input type="checkbox"/> Cyanotic <input type="checkbox"/> Pale <input type="checkbox"/> Normal Capillary Refill <input type="checkbox"/> Delayed Capillary Refill <input type="checkbox"/> Diminished Pulse (A) <input type="checkbox"/> Absent Cap. Pulse (P)				<input type="checkbox"/> Crew 1 <input type="checkbox"/> Crew 2 <input type="checkbox"/> Non-Resuscitator <input type="checkbox"/> Bag Valve Mask <input type="checkbox"/> Nasal Cannula			
Elapsed Time		Systolic B/P	Diastolic	Pulse	Respir. Rate (0-10)				
Q8		141	20	N	16 09				
Breathing		Circulation (S1)				CPR			
<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Labored <input type="checkbox"/> Shallow <input type="checkbox"/> Irregular		<input type="checkbox"/> Normal Color <input type="checkbox"/> Cyanotic <input type="checkbox"/> Pale <input type="checkbox"/> Normal Capillary Refill <input type="checkbox"/> Delayed Capillary Refill <input type="checkbox"/> Diminished Pulse (A) <input type="checkbox"/> Absent Cap. Pulse (P)				<input type="checkbox"/> Crew 1 <input type="checkbox"/> Crew 2 <input type="checkbox"/> Non-Resuscitator <input type="checkbox"/> Bag Valve Mask <input type="checkbox"/> Nasal Cannula			
Elapsed Time		Systolic B/P	Diastolic	Pulse	Respir. Rate (0-10)				
Q9		141	20	N	16 09				
Breathing		Circulation (S1)				CPR			
<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Labored <input type="checkbox"/> Shallow <input type="checkbox"/> Irregular		<input type="checkbox"/> Normal Color <input type="checkbox"/> Cyanotic <input type="checkbox"/> Pale <input type="checkbox"/> Normal Capillary Refill <input type="checkbox"/> Delayed Capillary Refill <input type="checkbox"/> Diminished Pulse (A) <input type="checkbox"/> Absent Cap. Pulse (P)				<input type="checkbox"/> Crew 1 <input type="checkbox"/> Crew 2 <input type="checkbox"/> Non-Resuscitator <input type="checkbox"/> Bag Valve Mask <input type="checkbox"/> Nasal Cannula			
Elapsed Time		Systolic B/P	Diastolic	Pulse	Respir. Rate (0-10)				
Q10		141	20	N	16 09				
Breathing		Circulation (S1)				CPR			
<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Labored <input type="checkbox"/> Shallow <input type="checkbox"/> Irregular		<input type="checkbox"/> Normal Color <input type="checkbox"/> Cyanotic <input type="checkbox"/> Pale <input type="checkbox"/> Normal Capillary Refill <input type="checkbox"/> Delayed Capillary Refill <input type="checkbox"/> Diminished Pulse (A) <input type="checkbox"/> Absent Cap. Pulse (P)				<input type="checkbox"/> Crew 1 <input type="checkbox"/> Crew 2 <input type="checkbox"/> Non-Resuscitator <input type="checkbox"/> Bag Valve Mask <input type="checkbox"/> Nasal Cannula			
Elapsed Time		Systolic B/P	Diastolic	Pulse	Respir. Rate (0-10)				
Q11		141	20	N	16 09				
Breathing		Circulation (S1)				CPR			
<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Labored <input type="checkbox"/> Shallow <input type="checkbox"/> Irregular		<input type="checkbox"/> Normal Color <input type="checkbox"/> Cyanotic <input type="checkbox"/> Pale <input type="checkbox"/> Normal Capillary Refill <input type="checkbox"/> Delayed Capillary Refill <input type="checkbox"/> Diminished Pulse (A) <input type="checkbox"/> Absent Cap. Pulse (P)				<input type="checkbox"/> Crew 1 <input type="checkbox"/> Crew 2 <input type="checkbox"/> Non-Resuscitator <input type="checkbox"/> Bag Valve Mask <input type="checkbox"/> Nasal Cannula			
Elapsed Time		Systolic B/P	Diastolic	Pulse	Respir. Rate (0-10)				
Q12		141	20	N	16 09				
Breathing		Circulation (S1)				CPR			
<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Labored <input type="checkbox"/> Shallow <input type="checkbox"/> Irregular		<input type="checkbox"/> Normal Color <input type="checkbox"/> Cyanotic <input type="checkbox"/> Pale <input type="checkbox"/> Normal Capillary Refill <input type="checkbox"/> Delayed Capillary Refill <input type="checkbox"/> Diminished Pulse (A) <input type="checkbox"/> Absent Cap. Pulse (P)				<input type="checkbox"/> Crew 1 <input type="checkbox"/> Crew 2 <input type="checkbox"/> Non-Resuscitator <input type="checkbox"/> Bag Valve Mask <input type="checkbox"/> Nasal Cannula			
Elapsed Time		Systolic B/P	Diastolic	Pulse	Respir. Rate (0-10)				
Q13		141	20	N	16 09				
Breathing		Circulation (S1)				CPR			
<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Labored <input type="checkbox"/> Shallow <input type="checkbox"/> Irregular		<input type="checkbox"/> Normal Color <input type="checkbox"/> Cyanotic <input type="checkbox"/> Pale <input type="checkbox"/> Normal Capillary Refill <input type="checkbox"/> Delayed Capillary Refill <input type="checkbox"/> Diminished Pulse (A) <input type="checkbox"/> Absent Cap. Pulse (P)				<input type="checkbox"/> Crew 1 <input type="checkbox"/> Crew 2 <input type="checkbox"/> Non-Resuscitator <input type="checkbox"/> Bag Valve Mask <input type="checkbox"/> Nasal Cannula			
Elapsed Time		Systolic B/P	Diastolic	Pulse	Respir. Rate (0-10)				
Q14		141	20	N	16 09				
Breathing		Circulation (S1)				CPR			
<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Labored <input type="checkbox"/> Shallow <input type="checkbox"/> Irregular		<input type="checkbox"/> Normal Color <input type="checkbox"/> Cyanotic <input type="checkbox"/> Pale <input type="checkbox"/> Normal Capillary Refill <input type="checkbox"/> Delayed Capillary Refill <input type="checkbox"/> Diminished Pulse (A) <input type="checkbox"/> Absent Cap. Pulse (P)				<input type="checkbox"/> Crew 1 <input type="checkbox"/> Crew 2 <input type="checkbox"/> Non-Resuscitator <input type="checkbox"/> Bag Valve Mask <input type="checkbox"/> Nasal Cannula			
Elapsed Time		Systolic B/P	Diastolic	Pulse	Respir. Rate (0-10)				
Q15		141	20	N	16 09				
Breathing		Circulation (S1)				CPR			
<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Labored <input type="checkbox"/> Shallow <input type="checkbox"/> Irregular		<input type="checkbox"/> Normal Color <input type="checkbox"/> Cyanotic <input type="checkbox"/> Pale <input type="checkbox"/> Normal Capillary Refill <input type="checkbox"/> Delayed Capillary Refill <input type="checkbox"/> Diminished Pulse (A) <input type="checkbox"/> Absent Cap. Pulse (P)				<input type="checkbox"/> Crew 1 <input type="checkbox"/> Crew 2 <input type="checkbox"/> Non-Resuscitator <input type="checkbox"/> Bag Valve Mask <input type="checkbox"/> Nasal Cannula			
Elapsed Time		Systolic B/P	Diastolic	Pulse	Respir. Rate (0-10)				
Q16		141	20	N	16 09				
Breathing		Circulation (S1)				CPR			
<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Labored <input type="checkbox"/> Shallow <input type="checkbox"/> Irregular		<input type="checkbox"/> Normal Color <input type="checkbox"/> Cyanotic <input type="checkbox"/> Pale <input type="checkbox"/> Normal Capillary Refill <input type="checkbox"/> Delayed Capillary Refill <input type="checkbox"/> Diminished Pulse (A) <input type="checkbox"/> Absent Cap. Pulse (P)				<input type="checkbox"/> Crew 1 <input type="checkbox"/> Crew 2 <input type="checkbox"/> Non-Resuscitator <input type="checkbox"/> Bag Valve Mask <input type="checkbox"/> Nasal Cannula			
Elapsed Time		Systolic B/P	Diastolic	Pulse	Respir. Rate (0-10)				
Q17		141	20	N	16 09				
Breathing		Circulation (S1)				CPR			
<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Labored <input type="checkbox"/> Shallow <input type="checkbox"/> Irregular		<input type="checkbox"/> Normal Color <input type="checkbox"/> Cyanotic <input type="checkbox"/> Pale <input type="checkbox"/> Normal Capillary Refill <input type="checkbox"/> Delayed Capillary Refill <input type="checkbox"/> Diminished Pulse (A) <input type="checkbox"/> Absent Cap. Pulse (P)				<input type="checkbox"/> Crew 1 <input type="checkbox"/> Crew 2 <input type="checkbox"/> Non-Resuscitator <input type="checkbox"/> Bag Valve Mask <input type="checkbox"/> Nasal Cannula			
Elapsed Time		Systolic B/P	Diastolic	Pulse	Respir. Rate (0-10)				
Q18		141	20	N	16 09				
Breathing		Circulation (S1)				CPR			
<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Labored <input type="checkbox"/> Shallow <input type="checkbox"/> Irregular		<input type="checkbox"/> Normal Color <input type="checkbox"/> Cyanotic <input type="checkbox"/> Pale <input type="checkbox"/> Normal Capillary Refill <input type="checkbox"/> Delayed Capillary Refill <input type="checkbox"/> Diminished Pulse (A) <input type="checkbox"/> Absent Cap. Pulse (P)				<input type="checkbox"/> Crew 1 <input type="checkbox"/> Crew 2 <input type="checkbox"/> Non-Resuscitator <input type="checkbox"/> Bag Valve Mask <input type="checkbox"/> Nasal Cannula			
Elapsed Time		Systolic B/P	Diastolic	Pulse	Respir. Rate (0-10)				
Q19		141	20	N	16 09				
Breathing		Circulation (S1)				CPR			
<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Labored <input type="checkbox"/> Shallow <input type="checkbox"/> Irregular		<input type="checkbox"/> Normal Color <input type="checkbox"/> Cyanotic <input type="checkbox"/> Pale <input type="checkbox"/> Normal Capillary Refill <input type="checkbox"/> Delayed Capillary Refill <input type="checkbox"/> Diminished Pulse (A) <input type="checkbox"/> Absent Cap. Pulse (P)				<input type="checkbox"/> Crew 1 <input type="checkbox"/> Crew 2 <input type="checkbox"/> Non-Resuscitator <input type="checkbox"/> Bag Valve Mask <input type="checkbox"/> Nasal Cannula			
Elapsed Time		Systolic B/P	Diastolic	Pulse	Respir. Rate (0-10)				
Q20		141	20	N	16 09				
Breathing		Circulation (S1)				CPR			
<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Labored <input type="checkbox"/> Shallow <input type="checkbox"/> Irregular		<input type="checkbox"/> Normal Color <input type="checkbox"/> Cyanotic <input type="checkbox"/> Pale <input type="checkbox"/> Normal Capillary Refill <input type="checkbox"/> Delayed Capillary Refill <input type="checkbox"/> Diminished Pulse (A) <input type="checkbox"/> Absent Cap. Pulse (P)				<input type="checkbox"/> Crew 1 <input type="checkbox"/> Crew 2 <input type="checkbox"/> Non-Resuscitator <input type="checkbox"/> Bag Valve Mask <input type="checkbox"/> Nasal Cannula			
Elapsed Time		Systolic B/P	Diastolic	Pulse	Respir. Rate (0-10)				
Q21		141	20	N	16 09				
Breathing		Circulation (S1)				CPR			
<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Labored <input type="checkbox"/> Shallow <input type="checkbox"/> Irregular		<input type="checkbox"/> Normal Color <input type="checkbox"/> Cyanotic <input type="checkbox"/> Pale <input type="checkbox"/> Normal Capillary Refill <input type="checkbox"/> Delayed Capillary Refill <input type="checkbox"/> Diminished Pulse (A) <input type="checkbox"/> Absent Cap. Pulse (P)				<input type="checkbox"/> Crew 1 <input type="checkbox"/> Crew 2 <input type="checkbox"/> Non-Resuscitator <input type="checkbox"/> Bag Valve Mask <input type="checkbox"/> Nasal Cannula			
Elapsed Time		Systolic B/P	Diastolic	Pulse	Respir. Rate (0-10)				
Q22		141	20	N	16 09				
Breathing		Circulation (S1)				CPR			
<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Labored <input type="checkbox"/> Shallow <input type="checkbox"/> Irregular		<input type="checkbox"/> Normal Color <input type="checkbox"/> Cyanotic <input type="checkbox"/> Pale <input type="checkbox"/> Normal Capillary Refill <input type="checkbox"/> Delayed Capillary Refill <input type="checkbox"/> Diminished Pulse (A) <input type="checkbox"/> Absent Cap. Pulse (P)				<input type="checkbox"/> Crew 1 <input type="checkbox"/> Crew 2 <input type="checkbox"/> Non-Resuscitator <input type="checkbox"/> Bag Valve Mask <input type="checkbox"/> Nasal Cannula			
Elapsed Time		Systolic B/P	Diastolic	Pulse	Respir. Rate (0-10)				
Q23		141	20	N	16 09				
Breathing		Circulation (S1)				CPR			
<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Labored <input type="checkbox"/> Shallow <input type="checkbox"/> Irregular		<input type="checkbox"/> Normal Color <input type="checkbox"/> Cyanotic <input type="checkbox"/> Pale <input type="checkbox"/> Normal Capillary Refill <input type="checkbox"/> Delayed Capillary Refill <input type="checkbox"/> Diminished Pulse (A) <input type="checkbox"/> Absent Cap. Pulse (P)				<input type="checkbox"/> Crew 1 <input type="checkbox"/> Crew 2 <input type="checkbox"/> Non-Resuscitator <input type="checkbox"/> Bag Valve Mask <input type="checkbox"/> Nasal Cannula			
Elapsed Time		Systolic B/P	Diastolic	Pulse	Respir. Rate (0-10)				
Q24		141	20	N	16 09				
Breathing		Circulation (S1)				CPR			
<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Labored <input type="checkbox"/> Shallow <input type="checkbox"/> Irregular		<input type="checkbox"/> Normal Color <input type="checkbox"/> Cyanotic <input type="checkbox"/> Pale <input type="checkbox"/> Normal Capillary Refill <input type="checkbox"/> Delayed Capillary Refill <input type="checkbox"/> Diminished Pulse (A) <input type="checkbox"/> Absent Cap. Pulse (P)				<input type="checkbox"/> Crew 1 <input type="checkbox"/> Crew 2 <input type="checkbox"/> Non-Resuscitator <input type="checkbox"/> Bag Valve Mask <input type="checkbox"/> Nasal Cannula			
Elapsed Time		Systolic B/P	Diastolic	Pulse	Respir. Rate (0-10)				
Q25		141	20	N	16 09				
Breathing		Circulation (S1)				CPR			
<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Labored <input type="checkbox"/> Shallow <input type="checkbox"/> Irregular		<input type="checkbox"/> Normal Color <input type="checkbox"/> Cyanotic <input type="checkbox"/> Pale <input type="checkbox"/> Normal Capillary Refill <input type="checkbox"/> Delayed Capillary Refill <input type="checkbox"/> Diminished Pulse (A) <input type="checkbox"/> Absent Cap. Pulse (P)				<input type="checkbox"/> Crew 1 <input type="checkbox"/> Crew 2 <input type="checkbox"/> Non-Resuscitator <input type="checkbox"/> Bag Valve Mask <input type="checkbox"/> Nasal Cannula			
Elapsed Time		Systolic B/P	Diastolic	Pulse	Respir. Rate (0-10)				
Q26		141	20	N	16 09				
Breathing		Circulation (S1)				CPR			
<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Labored <input type="checkbox"/> Shallow <input type="checkbox"/> Irregular		<input type="checkbox"/> Normal Color <input type="checkbox"/> Cyanotic <input type="checkbox"/> Pale <input type="checkbox"/> Normal Capillary Refill <input type="checkbox"/> Delayed Capillary Refill <input type="checkbox"/> Diminished Pulse (A) <input type="checkbox"/> Absent Cap. Pulse (P)				<input type="checkbox"/> Crew 1 <input type="checkbox"/> Crew 2 <input type="checkbox"/> Non-Resuscitator <input type="checkbox"/> Bag Valve Mask <input type="checkbox"/> Nasal Cannula			
Elapsed Time		Systolic B/P	Diastolic	Pulse	Respir. Rate (0-10)				
Q27		141	20	N	16 09				
Breathing		Circulation (S1)				CPR			
<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Labored <input type="checkbox"/> Shallow <input type="checkbox"/> Irregular		<input type="checkbox"/> Normal Color <input type="checkbox"/> Cyanotic <input type="checkbox"/> Pale <input type="checkbox"/> Normal Capillary Refill <input type="checkbox"/> Delayed Capillary Refill <input type="checkbox"/> Diminished Pulse (A) <input type="checkbox"/> Absent Cap. Pulse (P)				<input type="checkbox"/> Crew 1 <input type="checkbox"/> Crew 2 <input type="checkbox"/> Non-Resuscitator <input type="checkbox"/> Bag Valve Mask <input type="checkbox"/> Nasal Cannula			
Elapsed Time		Systolic B/P	Diastolic	Pulse	Respir. Rate (0-10)				
Q28		141	20	N	16 09				
Breathing		Circulation (S1)				CPR			
<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Labored <input type="checkbox"/> Shallow <input type="checkbox"/> Irregular		<input type="checkbox"/> Normal Color <input type="checkbox"/> Cyanotic <input type="checkbox"/> Pale <input type="checkbox"/> Normal Capillary Refill <input type="checkbox"/> Delayed Capillary Refill <input type="checkbox"/> Diminished Pulse (A) <input type="checkbox"/> Absent Cap. Pulse (P)				<input type="checkbox"/> Crew 1 <input type="checkbox"/> Crew 2 <input type="checkbox"/> Non-Resuscitator <input type="checkbox"/> Bag Valve Mask <input type="checkbox"/> Nasal Cannula			
Elapsed Time		Systolic B/P	Diastolic	Pulse	Respir. Rate (0-10)				

**Beth Israel Medical Center- Kings Highway Division - Brooklyn,
NY 11234**

Patient: EVELYN SCHWARTZ
MR #: 500000445948
DOS: 8/31/2009 15:24
Private Phys: PCP _None

DOB: 2/8/1930
Age/Gender: 79y F
Acct #: 800221079
ED Phys: Cynthia Moise, NP

CAD#	1849	-73764012
Narrative History: Key Words - (Object, Precursor, Quality, Radiates, Severity, Position, Changes in Route, Medication)		
PMM:	<input type="checkbox"/> Asthma <input type="checkbox"/> Chronic Renal Failure <input type="checkbox"/> Cordicls <input type="checkbox"/> Amputee <input type="checkbox"/> Cancer <input checked="" type="checkbox"/> CVA / Stroke <input type="checkbox"/> Diabetes <input type="checkbox"/> Fall / Deltiation <input type="checkbox"/> Epilepsy <input type="checkbox"/> HIV / AIDS <input type="checkbox"/> Hypertension <input type="checkbox"/> Incontinence <input type="checkbox"/> Headache <input type="checkbox"/> Psychotic	<input type="checkbox"/> IV Drug Use <input type="checkbox"/> Psychotic
NARRATIVE	<input type="checkbox"/> Bed Confined <input type="checkbox"/> Non Ambulatory <input type="checkbox"/> Required Gaiter <input type="checkbox"/> Void DNR	<input type="checkbox"/> Seizure Disorder <input type="checkbox"/> Balance Abn. <input type="checkbox"/> Tuberculosis <input type="checkbox"/> Confused Alert Information
HISTORY	<input type="checkbox"/> Allergies: <input type="checkbox"/> No known allergies SULFUR Medications: <input type="checkbox"/> Unspec TENEX URIDYL 500 HYTRAM 12.5 ZOCAR 40 CINTHROD-05 AMARIL 1 MG , ACTIGE 15 MG , ASA . 79 YEARS OLD MALE SCINDY , SEATED AT LOCATION - PT STATES SHES TRIPPED OVER THE SIDEWALK , PT PE RESENTS AS IF SHE "LEAPED" BILAT NEC RESPIR DISTRESS , NEG BLEEDING , NEG DEFOMITIES , SWELLING , PT TRP TO HOSP 93 DOG WOTHOUT INCIDENT ACCOMPANIED BY SON.	Witnessed By: <input type="checkbox"/> PD <input type="checkbox"/> EMS <input type="checkbox"/> Other
COMMENTS		ARQ was used by: started by: Amex <input type="checkbox"/> bystander <input type="checkbox"/> Family <input type="checkbox"/> PD <input type="checkbox"/> CFR <input type="checkbox"/> EMS <input type="checkbox"/> Medical <input type="checkbox"/> CPR Started <input type="checkbox"/> CPR Stopped <input type="checkbox"/> CPR Started
Chief Complaint:	"MY ARM HURTS" PT .	
Presumptive Diagnosis:	MUSKULO-SKELETAL RN 20 FALL	
Have the patient's symptoms appeared <input type="checkbox"/> Yes or gotten worse in the last 72 hours? <input type="checkbox"/> No		
Continuous Form <input type="checkbox"/>		

(1) PATIENT INFORMATION DISCLOSURE AND ASSIGNMENT OF CLAIM: I acknowledge that I have been given the Notice of Privacy Practices and Patient Information Release/Assignment of Claim, set forth in the Patient Copy of this Prehospital Care Report and have read or been informed of the contents, including the purposes for which my release of health information will be used, and my responsibility for any charges for services not covered by my insurance or found to be medically unnecessary.

I hereby authorize, for myself or my dependent(s), the release of medical and other information for the purposes of treatment, payment and/or enrollment in health plans, further to the extent and under such conditions as may be required by law.

I hereby authorize, for myself or my dependent(s), the release of medical and other information for the purposes specified, including treatment and billing; I further authorize and assign payment of Medicare and any other authorized benefits to the NYC Fire Department.

(2) OUT OF AREA TRANSPORT / DIVERSION: I required to be transported to a hospital that is more

[2] OUT OF AREA TRANSPORT / DIVERSION: I required to be transported to a hospital that is more than 10 minutes from the closest appropriate hospital or that is in diversion status. I have been advised and understand that it may take longer than 10 minutes to reach my nearest hospital.

(3) RELEASE/REFUSAL OF MEDICAL ASSISTANCE (RMA): I have been advised and I understand that I require medical assistance, and will be transported to a hospital of my choice, or that my refusal to accept such medical assistance may result in death, but I nonetheless refuse to accept the medical assistance. I agree to assume all risks, consequences and costs of my decision not to accept such medical assistance from my decision.

<input type="checkbox"/> Pre-hospital care refused:	<input type="checkbox"/> Transportation to hospital refused	<input type="checkbox"/> Patient Unable to Sign	<input type="checkbox"/> Patient Refused to Sign
List care refused:		RADA Patient Signature /	
		RADA Witness Name / Signature	

**Beth Israel Medical Center- Kings Highway Division - Brooklyn,
NY 11234**

Patient:	EVELYN SCHWARTZ	DOB:	2/8/1930
MR #:	500000445948	Age/Gender:	79y F
DOS:	8/31/2009 15:24	Acct #:	800221079
Private Phys:	PCP _None	ED Phys:	Cynthia Moise, NP

BETH ISRAEL MEDICAL CENTER
Department of Emergency Medicine

EMERGENCY DEPARTMENT REGISTRATION

E.D. VISIT NUMBER	MEDICAL RECORD NUMBER	LANGUAGE			751			
800221079	500000445948	IN						
NAME (LAST FIRST, MI)		SEX	AGE	BIRTH DATE	REC. DATE	TRIAGE TIME	REG. TIME	
SCHWARTZ, EVELYN		F	79	02/08/30	08/31/09	03:26P	03:26P	
PATIENT'S ADDRESS (STREET, APT., CITY)		STATE	ZIP CODE				COUNTY	
15461 PEMBRIDGE DR 1		FL	33484				ONYS	
PATIENT'S PHONE		REFERRAL SOURCE	PRIMARY PROVIDER	PHONE NO.		BIMC EMPL	FINAN. CLASS	
718-332-0625		S				N	PTB	
LOCATION	SEG ID.	MOB#	ACCT NO.	ACCIDENT	NYPD NOTE, QM, NO.	NYPS SHIELD NO.	NYPD PCT	ADV DIRECTIVE
HED	27U	NYFD		A				NOF
EMPLOYER		PATIENT'S OCCUPATION		PATIENT'S SOC. SEC #		PATIENT'S BUSINESS PHONE		
				103-22-6498		561-498-8306		
EMPLOYER'S ADDRESS (STREET, APT., CITY)				STATE	ZIP CODE			
NEXT OF KIN NAME		RELATION		NEXT OF KIN PHONE NO.		NEXT OF KIN BUSINESS PHONE		
BERNARD SCHWARTZ		SPO						
NEXT OF KIN ADDRESS (STREET, APT., CITY)				STATE	ZIP CODE			
RESPONSIBLE PARTY'S NAME		RESPONSIBLE PARTY'S SOC. SEC. #		RESPONSIBLE PARTY'S PHONE				
SCHWARTZ, EVELYN		103-22-6498		718-332-0625				
RESPONSIBLE PARTY'S ADDRESS (STREET, APT., CITY)		DELRAY BEACH	STATE	ZIP CODE				
15461 PEMBRIDGE DR 102			FL	33484				
INSURANCE CARRIER		POLICY/GROUP NUMBER		NAME OF INSURED		RELATION		
MEDICARE		103226498A		EVELYN SCHWARTZ		SELF		
GHI PPO		930482113		EVELYN SCHWARTZ		SELF		
SELF PAY				EVELYN SCHWARTZ		SELF		
PATIENT'S PRESENTING COMPLAINT				ONSET DATE AND TIME				
FELL INJ ELBOW				08/31/09 02:15P				

CONSENT FOR EXAMINATION AND TREATMENT

Age at last birthday.

I, the undersigned, hereby authorize and request Beth Israel Medical Center to provide such medical care and to administer such diagnostic, radiological and/or therapeutic procedures and treatments including but not limited to the administration of pharmaceutical products, infusion or transfusion of blood or blood components, injection, and intravenous medication or other therapeutic solutions as in the judgement of the physicians treating the patient named on this page may be deemed necessary or advisable.

Signed *[Signature]*

Relationship to patient

Witness *[Signature]*

Bill of Rights given Yes

Health care proxy given Yes

A patient under the age of 16 is emancipated and may sign consent for treatment if at least one of the following conditions has been met: (Circle any which apply)

1. The patient is legally married.
2. The patient is or has been a parent.
3. The patient is seeking treatment for venereal disease.
4. The patient is self supporting and does not reside with parents.

Admit

Transfer

Discharge

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize and direct Beth Israel Medical Center and Medical Staff, having treated me, to release to governmental agencies, insurance carriers, or others who are financially liable for my hospitalization and medical care, all information needed to substantiate payment for such hospitalization and medical care and permit representative thereof to examine and make copies of all records related to such care and treatment. A photostatic copy of this authorization shall be considered as effective and valid as the original.

ASSIGNMENT OF BENEFIT

I also hereby assign, transfer, and set over to the Beth Israel Medical Center & BIMC Emergency Medicine sufficient monies and/or benefits to which I may be entitled from governmental agencies, insurance carriers, or others who are financially liable for my hospitalization and medical care to cover the costs of the care and treatment rendered to myself or my dependent in this hospital. I understand that I am financially responsible for the charges not covered by my insurance. A photostatic copy of this authorization shall be considered as effective and valid as the original.

PATIENT ENTITLED TO MEDICARE BENEFITS

I certify that the information given by me in applying for payment under the title XVIII of Social Security Act is correct.

Patient/Relative or Guardian *[Signature]*

Relationship (if signed by person other than patient) _____

(If required) Interpreter: *[Signature]* (Print Name) _____

Clerical Notes: _____

**Beth Israel Medical Center- Kings Highway Division - Brooklyn,
NY 11234**

Patient:	EVELYN SCHWARTZ	DOB:	2/8/1930
MR #:	500000445948	Age/Gender:	79y F
DOS:	8/31/2009 15:24	Acct #:	800221079
Private Phys:	PCP _None	ED Phys:	Cynthia Moise, NP

CONTINUUM HEALTH PARTNERS



473

**AMBULATORY
PATIENT NOTIFICATION RECORD**

SCHWARTZ, EVELYN
MR# 500000445948
SER# 800221079 F
DOB 02/08/1930 79
VST DATE 08/31/09

I acknowledge that I have been given the following Notices as required by State and Federal regulations:

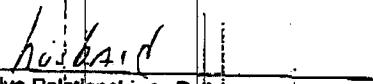
- New York State Patients' Bill of Rights
- Continuum Notice of Privacy Practices
- New York State Health Care Proxy
- Continuum Summary of Policy on Advance Directives
- Continuum Patient Information on Pain Management

and I consent to share my health information for payment, treatment and hospital operations purposes.


Patient/Personal Representative Signature

Date

8-31-09


Representative Relationship to Patient

Date

8-31-09

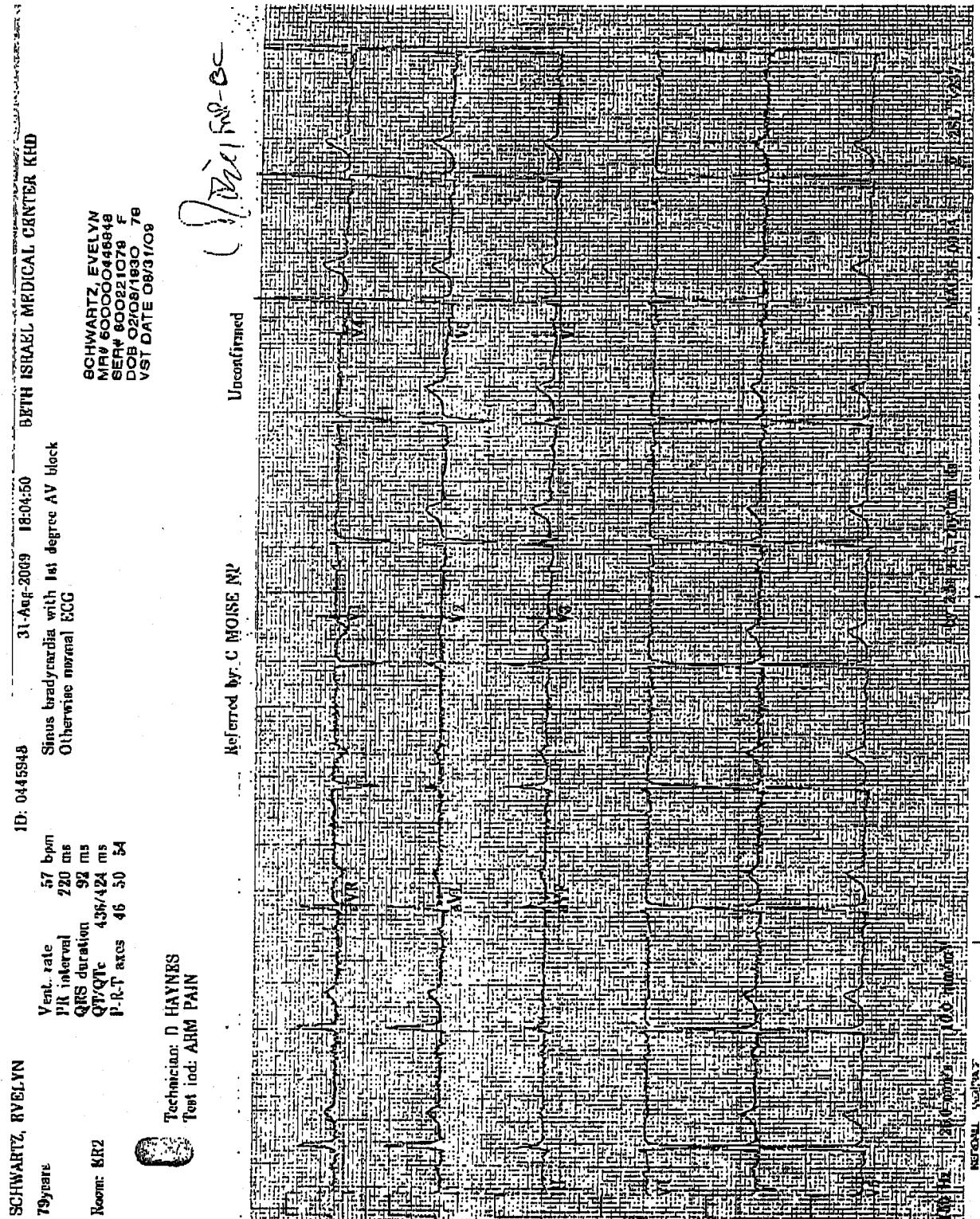
Patient: Unable to sign
 Refuses to sign

Employee Signature

Date

**Beth Israel Medical Center- Kings Highway Division - Brooklyn,
NY 11234**

Patient:	EVELYN SCHWARTZ	DOB:	2/8/1930
MR #:	500000445948	Age/Gender:	79y F
DOS:	8/31/2009 15:24	Acct #:	800221079
Private Phys:	PCP _None	ED Phys:	Cynthia Moise, NP



**Beth Israel Medical Center- Kings Highway Division - Brooklyn,
NY 11234**

Patient:	EVELYN SCHWARTZ	DOB:	2/8/1930
MR #:	500000445948	Age/Gender:	79y F
DOS:	8/31/2009 15:24	Act#:	800221079
Private Phys:	PCP _None	ED Phys:	Cynthia Moise, NP

BETH ISRAEL MEDICAL CENTER

**PATIENT PROPERTY AND
VALUABLES RECORD** *Rm 3*

SCHWARTZ, EVELYN
MR# 500000445948
SER# 800221079 F
DOB 02/08/1930 79
VST DATE 08/31/09

Instructions: All property and valuables that accompany a patient must be recorded on point of entry and at each transfer (exit and entry). Indicate the quantity in columns as appropriate and disposition (use legend) and place your initials at bottom of each column. Staff must PRINT their name and title in "Legend box" at the bottom of form.

	Point of Entry	Transfer # 1		Transfer # 2		Transfer # 3	
		Entry	Exit	Entry	Exit	Entry	Exit
PROPERTY							
Hearing Aid							
Eyeglasses/Lenses	3						
Denures	3						
Cane/Crutches/Walker/Wheelchair							
Bag/Suitcase							
Coat/Jacket							
Shoes	3						
Skirt/Dress/Pants							
Shirt/Gloose/Sweater	3						
Pajama/Nightgown/Robe							
Other (specify) <i>Bird</i>	3						
Initial <i>DH</i>							
Send home with: Name:		Address:		Tel #:		Rel to Pt:	
Signature:		Witnessed by (sign)/Bl employee:					
VALUABLES							
Patient has no valuables							
Watch (describe)	3						
Earrings (describe)							
Rings (describe)							
Other Jewelry (describe)							
Wallet							
Credit Card							
Cash (amount)							
Other (specify) <i>Cell phone</i>	3						
Initial <i>DH</i>							
Send home with: Name:		Address:		Tel #:		Rel to Pt:	
Signature:		Witnessed by (sign)/Bl employee:					
Print Name/Title	Initials	Print Name/Title	Initials	Print Name/Title	Initials	Print Name/Title	Initials
<i>DEBRA DURANT</i>							

I have been advised that the Hospital cannot be responsible for safeguarding my valuables or other personal property brought in or out of the hospital at any time other than during hospitalization unless I leave them with the Security Office during my hospital stay. I have been informed that the Security Office will not accept responsibility for the loss or damage to any of my valuables or other personal property brought in or out of the hospital.

Signed
Sophie Schwartz
Name Printed

Disposition Legend: 1. Secure Casing 2. In Room 3. Other

**Beth Israel Medical Center- Kings Highway Division - Brooklyn,
NY 11234**

Patient:	EVELYN SCHWARTZ	DOB:	2/8/1930
MR #:	500000445948	Age/Gender:	79y F
DOS:	8/31/2009 15:24	Acct #:	800221079
Private Phys:	PCP _None	ED Phys:	Cynthia Moise, NP

BETH ISRAEL MEDICAL CENTER
KINGS HIGHWAY DIVISION

MISCELLANEOUS REPORT
(DOWNTIME REPORT)

PATIENT NAME	SCHWARTZ, Evelyn
LOCATION	(1)
MR#	500000445948
DATE	8/31/09
ORDER#	71
DATE OF COLLECTION	8/31/09
TIME OF COLLECTION	8:43 PM

TEST REQUESTED	RESULTS	REFERENCE RANGES	UNITS
B-HCG QUANT		0-4.9	MIU/ML
TROPONIN I	0.00	0.00-0.034	NG/ML CRITICAL=>0.12
CPK- TOTAL		F=30-135, M=55-170	U/L
CKMB		0.0-5.0	NG/ML
CKMB INDEX		0-2.0	%
PERFORMED BY	(2) S. L. S.		
DATE AND TIME	8/31/09 8:30 PM		

**Beth Israel Medical Center- Kings Highway Division - Brooklyn,
NY 11234**

Patient:	EVELYN SCHWARTZ	DOB:	2/8/1930
MR #:	500000445948	Age/Gender:	79y F
DOS:	8/31/2009 15:24	Acct #:	800221079
Private Phys:	PCP _None	ED Phys:	Cynthia Moise, NP

BETH ISRAEL MEDICAL CENTER
KINGS HIGHWAY DIVISION

COAGULATION
(DOWNTIME REPORT)

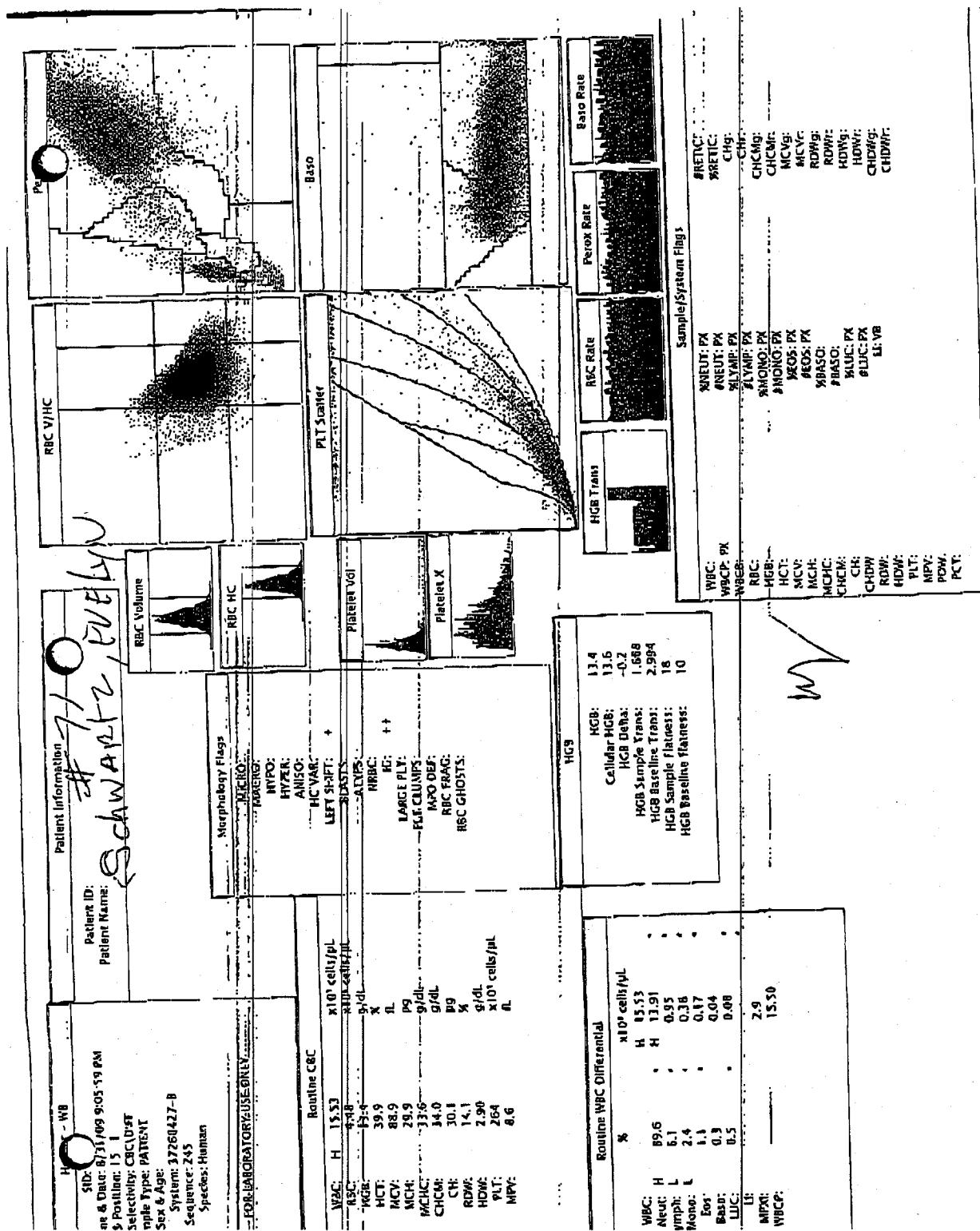
PATIENT NAME	SCHWARTZ, EVELYN
LOCATION	ED
MR#	500000445948
DATE	8/31/09
ORDER#	7
DATE OF COLLECTION	8/31/09
TIME OF COLLECTION	8:43 PM

TEST	RESULT	REFERENCE RANGES
PT	13.2	12.1- 14.4 SEC
INR	1.00	0.8-1.2
PTT	30.5	23- 35 SEC
FIBRINOGEN		228- 501 MG/DL
D-DIMER		0.01- 0.58 MG/DL
PERFORMED BY	E	
DATE AND TIME	8/31/09 9:43 PM	

Beth Israel Medical Center- Kings Highway Division - Brooklyn, NY 11234

Patient: EVELYN SCHWARTZ
 MIR #: 500000445948
 DOS: 8/31/2009 15:24
 Private Phys: PCP _None

DOB: 2/8/1930
 Age/Gender: 79y F
 Acct #: 800221079
 ED Phys: Cynthia Moise, NP



**Beth Israel Medical Center- Kings Highway Division - Brooklyn,
NY 11234**

Patient:	EVELYN SCHWARTZ	DOB:	2/8/1930
MR #:	500000445948	Age/Gender:	79y F
DOS:	8/31/2009 15:24	Acct #:	800221079
Private Phys:	PCP_None	ED Phys:	Cynthia Moise, NP

PATIENT: SCHWARTZ EVELYN ID: 71		PHYSICIAN: ID: _____ ADDRESS: _____ COMMENTS: _____	
BIRTH DATE: AGE: ROOM: SEX:		PRIORITY: **ROUTINE** FLUID: SERUM DATE/TIME: 8/31/2009 21:26:37	
SAMPLE ID: 71 COLLECTED ON: 8/31/2009 21:32:59		TEST START	
ASSAY	RESULT		
Glucose	158 mg/dL		
Chloride	103 mmol/L		
Potassium	4.5 mmol/L		
Sodium	140 mmol/L		
Bicarbonate CO ₂	26 mmol/L		
Creatinine	1.0 mg/dL		
Urea Nitrogen	29 mg/dL		
Calcium	9.8 mg/dL		
END OF REPORT		PRINT DATE/TIME: 8/31/2009 21:32:59	

EXHIBIT B

**UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK**

In re:) Chapter 11
THE GREAT ATLANTIC & PACIFIC TEA) Case No. 10-24549 (RDD)
COMPANY, INC., *et al.*)
Debtors.) Jointly Administered
)

**ORDER EXTENDING THE AUTOMATIC STAY AND CLAIMS
RESOLUTION PROCEDURES TO CERTAIN RELATED NON-DEBTOR PARTIES**

Upon the motion (the “***Motion***”)¹ of The Great Atlantic & Pacific Tea Company, Inc. (“***A&P***”) and certain of its affiliates, as debtors and debtors in possession (collectively, the “***Debtors***”)² for the entry of an order (this “***Order***”) pursuant to sections 105(a) and 362(a) of the Bankruptcy Code extending the automatic stay imposed by section 362 of the Bankruptcy Code (the “***Automatic Stay***”) and certain claims resolution procedures (the “***Claims Resolution***

¹ Capitalized terms used but not defined herein shall have the meanings ascribed to such terms in the Motion or Procedures Order, as applicable.

² The Debtors in these chapter 11 cases, along with the last four digits of each Debtor’s federal tax identification number, are: The Great Atlantic & Pacific Tea Company, Inc. (0974); 2008 Broadway, Inc. (0986); AAL Realty Corporation (3152); Adbrett Corporation (5661); Amsterdam Trucking Corporation (1165); APW Supermarket Corporation (7132); APW Supermarkets, Inc. (9509); Bergen Street Pathmark, Inc. (1604); Best Cellars DC Inc. (2895); Best Cellars Inc. (9550); Best Cellars Licensing Corp. (2896); Best Cellars Massachusetts, Inc. (8624); Best Cellars VA Inc. (1720); Bev, Ltd. (9046); Borman’s Inc. (9761); Bridge Stuart, Inc. (8652); Clay-Park Realty Co., Inc. (0902); Compass Foods, Inc. (0653); East Brunswick Stuart, LLC (9149); Farmer Jack’s of Ohio, Inc. (5542); Food Basics, Inc. (1210); Gramatan Foodtown Corp. (5549); Grape Finds At DuPont, Inc. (9455); Grape Finds Licensing Corp. (7091); Grapefinds, Inc. (4053); Greenlawn Land Development Corp. (7062); Hopelawn Property I, Inc. (6590); Kohl’s Food Stores, Inc. (2508); Kwik Save Inc. (8636); Lancaster Pike Stuart, LLC (9158); LBRO Realty, Inc. (1125); Lo-Lo Discount Stores, Inc. (8662); Mac Dade Boulevard Stuart, LLC (9155); McLean Avenue Plaza Corp. (5227); Milik Service Company, LLC (0668); Montvale Holdings, Inc. (6664); North Jersey Properties, Inc. VI (6586); Onpoint, Inc. (6589); Pathmark Stores, Inc. (9612); Plainbridge, LLC (5965); SEG Stores, Inc. (4940); Shopwell, Inc. (3304); Shopwell, Inc. (1281); Spring Lane Produce Corp. (5080); Super Fresh/Sav-A-Center, Inc. (0228); Super Fresh Food Markets, Inc. (2491); Super Market Service Corp. (5014); Super Plus Food Warehouse, Inc. (9532); Supermarkets Oil Company, Inc. (4367); The Food Emporium, Inc. (3242); The Old Wine Emporium of Westport, Inc. (0724); The South Dakota Great Atlantic & Pacific Tea Company, Inc. (4647); Tradewell Foods of Conn., Inc. (5748); Upper Darby Stuart, LLC (9153); and Waldbaum, Inc. (8599). The location of the Debtors’ corporate headquarters is Two Paragon Drive, Montvale, New Jersey 07645.

Procedures") approved by the *Order Approving Certain Personal Injury Resolution Procedures* [Docket No. 2752] (the "**PI Order**") to Related Non-Debtor Parties, as described in greater detail in the Motion; and the Court having jurisdiction to consider the Motion and the relief requested therein pursuant to 28 U.S.C. §§ 157 and 1334; and consideration of the Motion and the relief requested therein being a core proceeding pursuant to 28 U.S.C. § 157(b)(2); and venue being proper pursuant to 28 U.S.C. §§ 1408 and 1409; and it appearing that the relief requested in the Motion is in the best interests of the Debtors' estates, their creditors, and other parties in interest; and the Debtors having provided adequate and appropriate notice of the Motion under the circumstances; and after due deliberation and sufficient cause appearing therefor, it is HEREBY ORDERED THAT:

1. The Motion is granted to the extent provided herein.
2. The Automatic Stay is hereby extended to the Related Non-Debtor Parties identified in **Exhibit 1** attached hereto.
3. The plaintiffs set forth in **Exhibit 1** shall be construed as "PI Claimants" for the purposes of application of the Claims Resolution Procedures, whether or not such party has filed a timely proof of claim against the Debtors or is otherwise entitled to receive a distribution from the Debtors' estates.
4. The Related Non-Debtor Parties identified in **Exhibit 1** attached hereto shall, for the purposes of the Procedures Order, have the same rights and obligations as "the Debtors" for any PI Claim involving said Related Non-Debtor Party.
5. The Debtors shall have the right, pursuant to the Procedures Order, to participate in the resolution of all matters set forth in **Exhibit 1**.

6. The Debtors may, at their sole discretion, stipulate to lift the Automatic Stay with respect to a Related Non-Debtor Party, in which case the Related Non-Debtor Party would no longer be covered by the Claims Resolution Procedures.

7. The Debtors must be copied on all communications made pursuant to the Procedures Order between the plaintiffs and the Related Non-Debtor Parties set forth in **Exhibit 1** attached hereto.

8. Evelyn Schwartz shall not be subject to this Order, and the Automatic Stay shall not be extended to Brooklyn Grocery Owners, LLC (“*Brooklyn Grocery*”), *provided, however,* that Ms. Schwartz shall hereby be deemed to: (a) waive any and all claims against any and all property of the Debtors’ estates, including proof of claim number 5071; (b) agree not to file any other claims or actions against the Debtors or the reorganized Debtors; and (c) waive any recovery otherwise available from Brooklyn Grocery on account of her alleged personal injury to the extent the Debtors, their estates, or their successors would be required to indemnify Brooklyn Grocery, provide contribution to Brooklyn Grocery, or hold Brooklyn Grocery harmless in connection with personal injury litigation with Ms. Schwartz.

9. The Debtors are authorized to take all actions that the Debtors determine, in their sole discretion, are necessary or appropriate to implement the extension of the Automatic Stay as provided herein.

10. The Court retains jurisdiction with respect to all matters arising from or related to the implementation of this Order.

White Plains, New York
Date: _____, 2011

United States Bankruptcy Judge

Exhibit 1

Non-Debtor Party	Case Caption	Store Location	Civil Action Number	Proof of Claim Number	Assumption Order Dkt. Number	Court
Gator Monument Partners LLC	Anna Hall v. Newkirk Superline, L.P., Superline Associates, L.P., Pathmark Stores, Inc., NK-Remainder Interest, LLC, and Superline Associates Supermarket General Corp.	4160 Monument Road, Philadelphia, PA	1001-03319	4664	Assumption Pending	Philadelphia Court of Common Pleas, Trial Division
Richard I. Rubin and Co., Inc.	Adam Nadley v. Great Atlantic & Pacific Tea Company, Inc., Super Fresh Food Markets, Inc. and Richard I. Rubin and Co.	309 S. 5th & Pine St, Philadelphia, PA	1010-00515	1040	2181	Philadelphia Court of Common Pleas, Trial Division
Grays Ferry Partners, L.P., a/k/a Grays Ferry Shopping Center Associates; Ferry Development L.P., a/k/a Ferry Development General LLC	Donna Stewart-Williams v. Grays Ferry Shopping Center Associates, Grays Ferry Partners, L.P., Ferry Development General LLC, and Great Atlantic & Pacific Tea Company	3021 Grays Ferry Ave., Philadelphia, PA	11000223	5054	2181	Philadelphia County Court
Posel Enterprises and Posel Station	Milton Soveral v. Pathmark Stores, Inc.	8700 Frankford Ave.,	0912-00437	4662	2636	Philadelphia Court of

Associates	and Sidney Posel, Individually and as owner and trustee of Posel Enterprises, Posel Enterprises, Posel Partnership, Posel Haddon Associates, Posel Corporation in its own capacity and t/d/b/a Posel Management Company and Posel North Philadelphia, Inc. in its own capacity and t/d/b/a Posel Station Associates	Philadelphia, PA				Common Pleas, Trial Division
First Republic Corporation of America	Estrella Durham v. Pathmark Stores, Inc. and First Republic Corporation of America	5005 Edgemont Avenue, Brookhaven, PA	07-12060	3376	2181	Delaware Court of Common Pleas
Brooklyn Grocery Owners, LLC	Mary Chianese v. Brooklyn Grocery Owners, LLC and Brooklyn Market Owners, LLC	2185 Coyle Street, Brooklyn, NY	16644/2009	N/A	2936 (Assumption Pending)	New York Supreme Court
FC Castle Center Associates LLC	Juanita Matos v. FC Castle Center Associates LLC and Pathmark Bronx Supreme	1720 Eastchester Road Bronx, NY	302883/09	N/A	2181	New York Supreme Court
Alecta Real Estate USA, LLC	Stacy Goldberg v. Alecta Real Estate USA, LLC	2335 New Hyde Park, New Hyde	5120/2011	3377	2181	New York Supreme Court

		Park, NY				
Brooklyn Grocery Owners, LLC	Judith Citera v. Food Basics, Inc., Brooklyn Grocery Owners, LLC and Brooklyn Market Owners LLC	2185 Coyle Street, Brooklyn, NY	25806/09	N/A	2936 (Assumption Pending)	New York Supreme Court
Brooklyn Grocery Owners, LLC	Robyn Pistoia v. Food Basics, Inc., The Great Atlantic and Pacific Tea Company, Inc., Brooklyn Grocery Owners, LLC and Brooklyn Market Owners, LLC	2185 Coyle Street, Brooklyn, NY	3411/08	N/A	2936 (Assumption Pending)	New York Supreme Court
College Point Grocery Owners, LLC, 1907 Ventures LLC, and 1411 Ventures LLC	Linda-Schuler-Wolchok v. 1411 Ventures LLC, 1907 Ventures LLC, College Point Grocery Owners, LLC and Waldbaums Inc.	133-11 20th Avenue, College Point, NY	8906/10	6716	2936 (Assumption Pending)	New York Supreme Court
CPEOA Limited Partnership (sublease)	Esther and Samuel Tatum-Waring v. Waldbaum-College Point Center, Inc., Staples, Inc., CPEOA, LP, CPGP Corp., CPGP Corp., d/b/a, CPEOA, LP, Mattone Group, LLC, 1907 Ventures LLC, College Point Grocery Owners LLC, 1411 Ventures, LLC,	133-11 20th Avenue, College Point, NY	46548/07	9358	2936 (Assumption Pending)	New York Supreme Court

	AAG Management Inc., and Waldbaum's Inc.					
FC Castle Center Associates II, LLC	Kim Richardson v. Waters Place Associates, Waters Place Development, Inc., Pathmark Stores, Inc., Consolidated Edison Company of New York and The June 14, 1994 & 10:58 PM Realty, LLC	1720 Eastchester Road, Bronx, NY	302259/2007	N/A	2181	New York Supreme Court
HLF Fairview 2005, LLC & HLF Passaic 2005, LLC	Mario DiMartino v. The Hampshire Companies, LLC, The Great Atlantic & Pacific Tea Company, Fairview 91 Associates, TSS Facility Services, James Connelly, James Connelly d/b/a TSS Facility Services, HLF Fairview 2005, LLC, Tri-County Property Maintenance, John Doe 1-10, ABC Corp. 1-10 and DEF Corp. 1-10 (fictitious names)	425 Anderson Avenue Fairview, NJ	ESX-L-8522-09	N/A	2181	New Jersey Superior Court Law Division
Tower Plaza Associates	Karim Tureikeh v. The Great Atlantic & Pacific Tea Co a/k/a Weehawken Pathmark (Store #178) d/b/a	4100 Park Avenue, Union City, NJ (Weehawken)	HUD-L-5809-10	N/A	2181	New Jersey Superior Court Law Division

	Pathmark, Tower Plaza, Tower Plaza Assn. clo LM Entin Assoc., John Doe 1-4 and ABC Corp. 1-4, (fictitious)					
RD Elmwood Associates, L.P.	Phyllis Rich v. RD Elmwood Associates, L.P., Acadia Realty Trust, Pathmark Stores, Inc., John Does 1-10, ABC, Inc. 1-10, XYZ Corp 1-10 (fictitious names)	58 Broadway, Elmwood Park, NJ	PAS-L-551-10	N/A	2636	New Jersey Superior Court Law Division

EXHIBIT C

**UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK**

In re:) Chapter 11
THE GREAT ATLANTIC & PACIFIC TEA) Case No. 10-24549 (RDD)
COMPANY, INC., *et al.*)
Debtors.) Jointly Administered
)

**ORDER EXTENDING THE AUTOMATIC STAY AND CLAIMS
RESOLUTION PROCEDURES TO CERTAIN RELATED NON-DEBTOR PARTIES**

Upon the motion (the “***Motion***”)¹ of The Great Atlantic & Pacific Tea Company, Inc. (“***A&P***”) and certain of its affiliates, as debtors and debtors in possession (collectively, the “***Debtors***”)² for the entry of an order (this “***Order***”) pursuant to sections 105(a) and 362(a) of the Bankruptcy Code extending the automatic stay imposed by section 362 of the Bankruptcy Code (the “***Automatic Stay***”) and certain claims resolution procedures (the “***Claims Resolution***

¹ Capitalized terms used but not defined herein shall have the meanings ascribed to such terms in the Motion or Procedures Order, as applicable.

² The Debtors in these chapter 11 cases, along with the last four digits of each Debtor’s federal tax identification number, are: The Great Atlantic & Pacific Tea Company, Inc. (0974); 2008 Broadway, Inc. (0986); AAL Realty Corporation (3152); Adbrett Corporation (5661); Amsterdam Trucking Corporation (1165); APW Supermarket Corporation (7132); APW Supermarkets, Inc. (9509); Bergen Street Pathmark, Inc. (1604); Best Cellars DC Inc. (2895); Best Cellars Inc. (9550); Best Cellars Licensing Corp. (2896); Best Cellars Massachusetts, Inc. (8624); Best Cellars VA Inc. (1720); Bev, Ltd. (9046); Borman’s Inc. (9761); Bridge Stuart, Inc. (8652); Clay-Park Realty Co., Inc. (0902); Compass Foods, Inc. (0653); East Brunswick Stuart, LLC (9149); Farmer Jack’s of Ohio, Inc. (5542); Food Basics, Inc. (1210); Gramatan Foodtown Corp. (5549); Grape Finds At DuPont, Inc. (9455); Grape Finds Licensing Corp. (7091); Grapefinds, Inc. (4053); Greenlawn Land Development Corp. (7062); Hopelawn Property I, Inc. (6590); Kohl’s Food Stores, Inc. (2508); Kwik Save Inc. (8636); Lancaster Pike Stuart, LLC (9158); LBRO Realty, Inc. (1125); Lo-Lo Discount Stores, Inc. (8662); Mac Dade Boulevard Stuart, LLC (9155); McLean Avenue Plaza Corp. (5227); Milik Service Company, LLC (0668); Montvale Holdings, Inc. (6664); North Jersey Properties, Inc. VI (6586); Onpoint, Inc. (6589); Pathmark Stores, Inc. (9612); Plainbridge, LLC (5965); SEG Stores, Inc. (4940); Shopwell, Inc. (3304); Shopwell, Inc. (1281); Spring Lane Produce Corp. (5080); Super Fresh/Sav-A-Center, Inc. (0228); Super Fresh Food Markets, Inc. (2491); Super Market Service Corp. (5014); Super Plus Food Warehouse, Inc. (9532); Supermarkets Oil Company, Inc. (4367); The Food Emporium, Inc. (3242); The Old Wine Emporium of Westport, Inc. (0724); The South Dakota Great Atlantic & Pacific Tea Company, Inc (4647); Tradewell Foods of Conn., Inc. (5748); Upper Darby Stuart, LLC (9153); and Waldbaum, Inc. (8599). The location of the Debtors’ corporate headquarters is Two Paragon Drive, Montvale, New Jersey 07645.

Procedures") approved by the *Order Approving Certain Personal Injury Resolution Procedures* [Docket No. 2752] (the "**PI Order**") to Related Non-Debtor Parties, as described in greater detail in the Motion; and the Court having jurisdiction to consider the Motion and the relief requested therein pursuant to 28 U.S.C. §§ 157 and 1334; and consideration of the Motion and the relief requested therein being a core proceeding pursuant to 28 U.S.C. § 157(b)(2); and venue being proper pursuant to 28 U.S.C. §§ 1408 and 1409; and it appearing that the relief requested in the Motion is in the best interests of the Debtors' estates, their creditors, and other parties in interest; and the Debtors having provided adequate and appropriate notice of the Motion under the circumstances; and after due deliberation and sufficient cause appearing therefor, it is HEREBY ORDERED THAT:

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9. 8. The Debtors are authorized to take all actions that the Debtors determine, in their sole discretion, are necessary or appropriate to implement the extension of the Automatic Stay as provided herein.

10. 9. The Court retains jurisdiction with respect to all matters arising from or related to the implementation of this Order.

White Plains, New York
Date: _____, 2011

United States Bankruptcy Judge

Exhibit 1

Non-Debtor Party	Case Caption	Store Location	Civil Action Number	Proof of Claim Number	Assumption Order Dkt. Number	Court
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Richard I. Rubin and Co., Inc.	Adam Nadley v. Great Atlantic & Pacific Tea Company, Inc., Super Fresh Food Markets, Inc. and Richard I. Rubin and Co.	309 S. 5th & Pine St, Philadelphia, PA	1010-00515	1040	2181	Philadelphia Court of Common Pleas, Trial Division
Grays Ferry Partners, L.P., a/k/a Grays Ferry Shopping Center Associates; Ferry Development L.P., a/k/a Ferry Development General LLC	Donna Stewart-Williams v. Grays Ferry Shopping Center Associates, Grays Ferry Partners, L.P., Ferry Development General LLC, and Great Atlantic & Pacific Tea Company	3021 Grays Ferry Ave., Philadelphia, PA	11000223	5054	2181	Philadelphia County Court
Posel Enterprises and Posel Station	Milton Soveral v. Pathmark Stores, Inc.	8700 Frankford Ave.,	0912-00437	4662	2636	Philadelphia Court of Common

Associates	and Sidney Posel, Individually and as owner and trustee of Posel Enterprises, Posel Enterprises, Posel Partnership, Posel Haddon Associates, Posel Corporation in its own capacity and t/d/b/a Posel Management Company and Posel North Philadelphia, Inc. in its own capacity and t/d/b/a Posel Station Associates	Philadelphia, PA				Pleas, Trial Division
First Republic Corporation of America	Estrella Durham v. Pathmark Stores, Inc. and First Republic Corporation of America	5005 Edgemont Avenue, Brookhaven, PA	07-12060	3376	2181	Delaware Court of Common Pleas
Brooklyn Grocery Owners, LLC	Mary Chianese v. Brooklyn Grocery Owners, LLC and Brooklyn Market Owners, LLC	2185 Coyle Street, Brooklyn, NY	16644/2009	N/A	2936 (Assumption Pending)	New York Supreme Court
FC Castle Center Associates LLC	Juanita Matos v. FC Castle Center Associates LLC and Pathmark Bronx Supreme	1720 Eastchester Road Bronx, NY	302883/09	N/A	2181	New York Supreme Court
Alecta Real Estate USA, LLC	Stacy Goldberg v. Alecta Real Estate USA, LLC	2335 New Hyde Park, New Hyde	5120/2011	3377	2181	New York Supreme Court

		Park, NY				
Brooklyn Grocery Owners, LLC	Judith Citera v. Food Basics, Inc., Brooklyn Grocery Owners, LLC and Brooklyn Market Owners LLC	2185 Coyle Street, Brooklyn, NY	25806/09	N/A	2936 (Assumption Pending)	New York Supreme Court
Brooklyn Grocery Owners, LLC	Robyn Pistoia v. Food Basics, Inc., The Great Atlantic and Pacific Tea Company, Inc., Brooklyn Grocery Owners, LLC and Brooklyn Market Owners, LLC	2185 Coyle Street, Brooklyn, NY	3411/08	N/A	2936 (Assumption Pending)	New York Supreme Court
Brooklyn Grocery Owners, LLC	Evelyn Schwartz v. Brooklyn Grocery Owners, LLC and Food Basics, Inc., No. 3	2185 Coyle Street, Brooklyn, NY	32594/09	5071	2936 (Assumption Pending)	New York Supreme Court
College Point Grocery Owners, LLC, 1907 Ventures LLC, and 1411 Ventures LLC	Linda-Schuler-Wolchok v. 1411 Ventures LLC, 1907 Ventures LLC, College Point Grocery Owners, LLC and Waldbaums Inc.	133-11 20th Avenue, College Point, NY	8906/10	6716	2936 (Assumption Pending)	New York Supreme Court
CPEOA Limited Partnership (sublease)	Esther and Samuel Tatum-Waring v. Waldbaum-College Point Center, Inc., Staples, Inc., CPEOA, LP, CPGP Corp., CPGP Corp., d/b/a, CPEOA, LP, Mattone Group,	133-11 20th Avenue, College Point, NY	46548/07	9358	2936 (Assumption Pending)	New York Supreme Court

	LLC, 1907 Ventures LLC, College Point Grocery Owners LLC, 1411 Ventures, LLC, AAG Management Inc., and Waldbaum's Inc.					
FC Castle Center Associates II, LLC	Kim Richardson v. Waters Place Associates, Waters Place Development, Inc., Pathmark Stores, Inc., Consolidated Edison Company of New York and The June 14, 1994 & 10:58 PM Realty, LLC	1720 Eastchester Road, Bronx, NY	302259/2007	N/A	2181	New York Supreme Court
HLF Fairview 2005, LLC & HLF Passaic 2005, LLC	Mario DiMartino v. The Hampshire Companies, LLC, The Great Atlantic & Pacific Tea Company, Fairview 91 Associates, TSS Facility Services, James Connelly, James Connelly d/b/a TSS Facility Services, HLF Fairview 2005, LLC, Tri-County Property Maintenance, John Doe 1-10, ABC Corp. 1-10 and DEF Corp. 1-10 (fictitious names)	425 Anderson Avenue Fairview, NJ	ESX-L-8522-0 9	N/A	2181	New Jersey Superior Court Law Division
Tower Plaza Associates	Karim Tureikeh v. The Great Atlantic & Pacific	4100 Park Avenue, Union	HUD-L-5809-1 0	N/A	2181	New Jersey Superior Court

	Tea Co a/k/a Weehawken Pathmark (Store #178) d/b/a Pathmark, Tower Plaza, Tower Plaza Assn. clo LM Entin Assoc., John Doe 1-4 and ABC Corp. 1-4, (fictitious)	City, NJ (Weehawken)				Law Division
RD Elmwood Associates, L.P.	Phyllis Rich v. RD Elmwood Associates, L.P., Acadia Realty Trust, Pathmark Stores, Inc., John Does 1-10, ABC, Inc. 1-10, XYZ Corp 1-10 (fictitious names)	58 Broadway, Elmwood Park, NJ	PAS-L-551-10	N/A	2636	New Jersey Superior Court Law Division